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THE NEW YEAR.

Another year has gone by and a new year commenced. The Indian Homeopathic Review extends its cordial felicitations to all its readers, subscribers and the professional colleagues, here as well as abroad. In looking back at the past year, we find that it was a most eventful one for homeopathy all over the world. The International Homeopathic Congress held in Atlantic City was a most successful one. Our British colleagues joined hands to make the occasion a grand one for homeopathy all round. Drs. Clarke, Burford and others took a prominent part during the sessions, and their reports are most encouraging and enjoyable. Prevented as we were by various professional and private engagements from being present on the occasion, we did all we could to represent Indian Homeopathy on the occasion by correspondence, and we rejoice to find our efforts appreciated. We consider our election as Honorary Vice President on the occasion, to be an honor conferred on Indian Homeopathy. The interest that has been taken by the Inter-Collegiate Committee about our letter with regard to the standard

of education and qualification of American graduates in India, will effectually do away with any further misrepresentation with regard to the matter. No one in future will be admitted to any college in the U. S., unless he carries a letter from the Indian Committee in consultation with the Inter-Collegiate Committee. This, we hope, will do away with the Bogus M. D.'s once for all.

Although the hospitals and dispensaries all over the world have done good work, we cannot say our efforts have been quite equal to the occasion in the past. The Calcutta Homeopathic Hospital has not been started yet. Subscriptions and donations are being raised from all parts of India, still the funds have not been sufficient to give the object a start yet. We hope the present year will be more propitious.

The Calcutta Homeopathic Society has had a most successful year. Every meeting has been well attended, and most interesting subjects have been discussed. Drs. D. N. Ray, Younan, Chatterji, Mukherjees, Palit, Goswami, Gupta &c. &c. are doing yeoman's service to the cause of homeopathy in this country, by taking an active part in these meetings, and we hope much useful work will be done in the present year through the energy and enthusiasm of these pioneers of homeopathy in India. We are in hopes Bombay and Madras will see some of the good works of homeopathy in the present year. Hitherto our efforts have been confined to Bengal alone.

Once more wishing our numerous readers and patrons a more happy and prosperous new year, we conclude our present discourse.

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THE STRENGTH OR THE DOSE OF A MEDICINE FOR ITS HOMEOPATHIC USE.

(Read before the Calcutta Homeopathi Society.)

A subject much discussed and dwelt upon by worthier brains in different parts of the world has been allotted to us by our worthy president for this evening's discussion—The strength or the dose of a medicine for its homeopathic use.

It would be fruitless for us to attempt to explore any new theory over those already laid down by our great predecessors, as futile all such attempts have been ; and while yet guided by the power of reason, it only suggests to us that the question of dose is but subsidiary to the law of cure. Subsidiary no doubt, yet it constitutes no inconsiderable part among the factors required for effecting a cure.

'The suitableness of a medicine for any given case of disease does not depend on its accurate homeopathic selection alone, but likewise on the proper "size" (Sec. 275 Org. of Med.). Now the question suggests itself—what then should the potency be of a remedy to effect a sure, gentle and permanent cure ?

Here we cannot but leave our subject for a moment and say a few words regarding those who make that horrible and unpardonable confusion in the use of the two words *potency* and *dilution*.

Are our homeopathic remedies mere *dilutions* of the substances they are made of ?

It ill becomes a man who styles himself a homeopath to term the *potency* of his remedies as *dilutions* thereof ; if there is a want of a synonym for the word *potency*, better choose *strength* or *attenuation*, or *dynamisation* ; but *dilution*

is not the word for it. Surely the force originated in the process of potentizing gives a dynamic power to the substance which no mere division and sub-division could give.

To go back to the subject—what then should the proper dose be ? This is a block where many stumble, and this is a point over which others fight. How often we see here at home, as we have seen abroad, one holding the flag of *high potency alone* up high, and another religiously sticking to the low and carefully avoiding the high. They fight doubtless for the cause of what each thinks is right, each trying to correct the other, but often at the cost of that which is their common cause—homeopathy. To us it seems that there can be no hard and fast line pointing to this, and that each individual remedy, in each individual potency has its own place. The physiognomy of the patient, his station or rank in life, the nature of the malady he is suffering from, the climate he lives in, and factors similar are no doubt helps accessory to the verdict of experience ; and keeping the axiom—the smallest and the simplest is best—before us, we must always try to minimise the dose as far as possible and reduce it to such an extent that after its ingestion it shall excite a scarcely observable homeopathic aggravation in the patient and no more.

These are but few of the points which we have only been able to touch upon, but there still remains a vast roll of others such as repetition of doses, the term of action of different potencies and others, which we leave for our most learned colleagues to discuss and enlighten us all upon.

S. GOSWAMI, M. D.

OUR INDEGENOUS DRUGS AND THEIR WESTERN CULTURE.

ATALVIHARI BHADURI, M. A.

Sir George Watt, in his inaugural address delivered at the opening of Pharmaceutical Society's sessions is said to have very pertinently remarked upon the advisability of those coming out to foreign countries to study the oriental drugs with a view to ascertain their chemical, physiological and therapeutical properties by coming in close touch with the indigenous drug sellers, and thus establishing the brotherhood of pharmacy ; inasmuch as a good and comprehensive knowledge of pharmacy is essential to the proper equipment for those who intend to follow the profession of pharmacy in India.

"The native druggist" he said, "was generally to be found in a little hut about 8ft square, surrounded by a multitude of mysterious jars and boxes, from which he dispensed his medicines and charms. He was both physician and apothecary, and knew more of the sufferings and crimes of the village than any other member of the community. He was an attractive personality, with a halo of mystery surrounding his life. He had been trained in no college, his knowledge was hereditary, having been handed down from father to son for generations."

A Calcutta Daily observes that "bearing in mind the native colleges, Sir George estimated that it might be two hundred years before western medical skill could reach the remoter parts of the empire. Of hardly a score out of the 1500 drugs known to be used could it be said that they had satisfactorily ascertained their properties. They would be sure to learn much of great interest and even of personal

advantage, which had come down very possibly from a civilization that attained its zenith when their ancestors were savages."

To be sure, Sir George's remarks ought to be held in high estimation amongst us, and we yield to none in our profound respect for the awakening of a sense of the utility of brotherhood and hearty co-operation in the field of cure, amongst the different classes of workers in the eastern and the western countries. *Fraternity*, we consider, is the parent of *freedom*, and *freedom* in our estimation, is the parent of all *progress*. These should be the *motto* if any union is to be established amongst the several brotherhoods. It would be a magazine of joy and pleasure if such an organization could ever be made out.

Bearing in mind that justice is essential to the advent of a spirit of fraternity and freedom, a *sine qua non* to all advancement in the field of cure, it should be our purpose to secure a radical reform of the prejudice and opinionativeness that now prevails among the western scientists regarding what is commonly held as 'the fragmentary lore of the east.' In denouncing the eastern professors of the healing art, the masters and the guardians of our patrons seem to assume that by so doing they protect the people from a constituted body of quacks, utterly forgetting that their methods always smack of the Inquisition, and that their failure sometimes becomes as conspicuous as that of the "Spanish priests to protect the people from heretics."

We are certainly in favour of the suppression of quackery by all means that can be suggested or devised for the purpose, and we are ever ready to aid in protecting the people from the evils of quackery without depriving them of their natural, sacred and inalienable right to choose their own physicians. Trespassers should, no doubt, be always excluded

from the holy temple of Æsculapius, but at the same time care should be taken that no sacrilege be done in that shrine. "A fair field and no favour" should be a fine principle to go upon. But why discredit the principles and the practising of a system, now being resuscitated from almost a state of oblivion? The eastern lore of medicine and medical science has hitherto been a sealed book to all but a few of the modern scientists of the west; and Sir George's honest suggestion of mere contact with "indigenous drug sellers," however commendable, can by no means be held to be a laudable appreciation of the merits of the rational system of treatment of human ailments prevalent in India in times out of mind. Silently and imperceptibly did the ancestors in the field of cure, in this country, achieve a success, far more rational and certain than the embryonic and ideal theorization of modern western culture.

We must own, we are fully alive to the beneficent influence of the many new accretions to the science as well as the art of healing in modern times; yet a thorough investigation into the principle and the practice of medicine as it existed in our land thousands of years before, cannot fail to convince the most captious critic, that the wilds of Asia, in the remotest antiquity, generated thoughts that have only recently appeared in the schools of Europe and the allied continent. They are there regarded as being new, and as all-assimilative in their tendency—but with what truthfulness and accuracy, let the times of old decide.

Simplicity in the treatment and cure of human ailments, has in modern times been declared to be what we might call, the paragon of procedures. And yet what method in the *diagnosis* if not the *cure*, of human ailments can be *simpler* than that adopted in the days of the promulgators of the Hindu medicine? The wild *savants* of the east stood

in need of no artificial agencies, necessarily crude and imperfect in their nature, and no apparatus and appliance or pots and pipkins, to detect that disturbance in the functions of the various animal agencies that maintain equilibrium in the human organism, upon which the diagnosis of all human ailments undisputedly depends. It ought certainly to abate the pride of the later scientists, when they learn that their boasted discoveries so varying and various in their inception, are but a metempsychosis of primeval error. In real energy of truth, the principle imbedded in the medical lore of the east, is slow but sure, and imperceptible like the silent influence of the simoon of the desert, except by the effects it produces. No doubt it contains the germ of scepticism of every age; and in its apparent aptitude for any class of people in any age, that has the semblance of what it regards as the truth, maintaining that none are to be entirely rejected, though none but itself is to be entirely received, it is a perfect foreshadowing of too much of the educated mind of the present age.

It were a misconception, were we to be understood, that the eastern medical researches attained their climax, at an age when, in all human probability, it were unattainable. This, we are sure, was not attained, and are further certain, no other system but that arising out of "power divine" can ever attain to.

"Perfection was not made for man below."

In the eastern medical lore, there still remains much that falls far short of perfection, much that has to be modified, for adjustment to a later age and a later stage of society. But we can hardly approve of the bitter condemnation and calumny passed upon mere apothecaries by even the merest of tyros in medicine and medical practice.

Medical differences are as old as the days of Æsculapius,

and at the same time as recent, as if the science were of yesterday's origin. The cases or grounds of difference are indeed, found to be innumerable ; and yet they lie upon the surface, and are, we believe, traceable to one great and general cause,—viz difference in the conception of the *origin* of diseases, the *method of procedure in treatment*, and the *application* of the *proper remedy*. All other differences flow from this original spring ; and if men, all over the earth, can be brought to agree about the main principle of cure, they are sure to be brought to rest in matters of detail in medicine.

In our opinion, there is only one ground for a wide and tolerant view, and that is, we venture to state, what we might call the *law of cure*. As long as men think of this law in a limited sense, they will be bigoted, and are sure to act intollerantly to those that are not of their ways of thinking.

We are decidedly of opinion that in the code of medical morality, the most conspicuous omission is that of the chapter on a spirit of toleration. This appears to be like the play of Hamlet with Hamlet's part left out. If that most imperious of tribunals upon earth, the medical magistracy, were a whit more relaxing than it is at the present day, the crowning laurel of Æsculapius would shine forth in all its pristine bloom and beauty ; and the whole human race would reap a real and plentiful harvest of no mean value. As it stands however, matters are deplorable indeed.

A medical union, like what has been inaugurated across the waters in America, is highly desirable in this country, and those who would deign to aid in the accomplishment of this great object, would surely be counted as members of a benevolent and wholesome fraternity. Such an institution will never invidiously discriminate between, a Kabiraj and an Allopath, a Homeopathist and an Allopathist, the man who holds a diploma and one who does not. As we

have more than once insisted through the columns of this periodical, *the sacred and sanctified temple of Æsculapius ought to be endowed with "gates unbarred."* This, in our humble opinion, seems to be the only signal for the approach of a happy millénium for *The Field of Cure.*

CLIMACTERIC TROUBLES.

ANTIMON. ARS.

I had under my treatment a case of an old lady who was suffering from various climacteric troubles. She was subject to occasional asthmatic fits that had also baffled the skill of many physicians. I had myself treated her for months with but partial success. Her symptoms were as follow:—

She was an emaciated lady about 50 years old. She had frequent, violent palpitations. She would get completely out of breath in coming up a flight of stairs. She had an enlarged liver and a tumor in the uterine region that had been diagnosed as a fibroid, a polypoid growth &c. &c., by many physicians.

She had an acrid leucorrhœa. The menses were irregular, profuse and debilitating. Sometimes there would be large clots. The discharge continued for days sometimes.

She was very anæmic, and generally after the periods her pulse became very weak. But there was no organic derangement of the heart.

I had given her Calc. c. 30, Sanguinaria 6x, Lachesis 30 and 200, Calc. ars. 30, Sulph 30. Nux vomica 30 and China 30 with but partial relief. The patient's people would be satisfied when she would feel a little better, but I derived no satisfaction. I was zigzagging a cure all the time.

At last I studied her case carefully and gave her Ant. ars 30. She had about 6 doses of it in 3 days and the

improvement was noticed at once and she has been free from all aches and pains for a considerable time now.

J. N. MAJUMDAR, M. D.

GONORRHOEA AND HYDROCELE.

CLEMATIS AND THUJA.

Mr. A—a robust young man came to me with an indurated and inflamed testes and with a constant gleet discharge. He had been suffering for sometime in this way and had been under the treatment of the best allopaths. He had injections and he had the hydrocele sac tapped but nothing would cure him. Ultimately he was advised to undergo a radical operation for the hydrocele, when being frightened of the knife he came to me. When he came to me the testes were highly inflamed and he had very painful erections. Clematis 3x, twice daily for six days, after which he saw me again. He was relieved of some of the symptoms but the hydrocele was just the same and he had several warts on the genitals, the face and the head. He took Thuja 30 for about a fortnight and was completely cured, so much so that his allopathic physician was constrained to admit that there was no fluid in the sac and the testes were quite their normal size again. In this case the discharge continued for sometime, but I did not interfere with it any way. I have often found it to be a very dangerous practice to be in a hurry about checking the Gonorrhœal discharge. If it is let alone and all the symptoms are treated constitutionally, the discharge stops of itself after some little time. I would never have been able to cure the hydrocele if I had tried to stop the gleet discharge with Merc. sol., Cantharis and such other strong medicines.

J. N. MAJUMDAR, M. D.

HOW FAR DO HOMEOPATHIC AND OTHER PHYSICIANS

• AGREE, AND HOW FAR CAN THEY AGREE ?*

By Richard C. Cabot, M. D., Instructor of Medicine, Harvard University.

A new generation has grown up since the bitterest controversies were waged between the two main sects of our profession in this country. With this growth has come the disappearance of some of the grounds of difference. Personal antagonism has largely disappeared. I suppose no homeopath now receives from members of our school any of the social avoidance or arrogant disdain which I am told used to be meted out by the past generation. We have learned that a group of homeopaths are very much like any other group of physicians. In your school, as in our school, there are some fools, some fanatics and some knaves, but in your school, as in ours, there are those who are intelligent, high-minded and eager for the truth wherever found.

We have begun to meet together for discussion both at the bedside and in scientific societies like this. We consult together and we study together.

These are great gains attained by the growth of a spirit of tolerance and of truth-seeking on both sides. I shall not try to estimate which of the two sects has changed most. I am quite prepared to believe that we have been more in the wrong than you, and that we have receded from more false positions than you have. But I am concerned more with the result than with the stages and processes by which it was attained ; more with the question of, "Where are we now ?" than with the route by which we have arrived here. I am not interested in inquiring who is to blame. If you say that we, the old school men, are greatly to blame, I will cheerfully admit it and will search my conduct for evidence of injustice or prejudice still remaining,—but my chief interest is with the present, not the past ; with an attempt to get together now, rather than with an

* Read before the Boston Homeopathic Medical Society, November 1, 1906.

inquiry into the causes and delinquencies that have kept us apart hitherto.

I propose, therefore, to begin with a recapitulation of the points of agreement gained so far, and then to suggest some items of work and practice in which I hope we may agree still further.

I

We agree, first of all, in those fundamental sciences on which the practice of medicine is based,—physics, chemistry, biology, anatomy and physiology, gross and microscopic, normal and pathological. This agreement is nothing new, but its consequences have not, I think, been fully recognized. For if we agree so far, we must also agree in all that can be strictly and legitimately deduced from the data of the fundamental sciences.

In so far as diagnosis, prognosis, or treatment are strict and logical applications of the anatomical or physiological facts of the case in hand, there can be no difference of opinion between our schools. “In so far” I say, and I am very well aware that it is not very far. Still, some examples are obvious. Physical, chemical and biological diagnosis, for example, are logical applications of the principles of physics, chemistry, biology, to the known data of anatomy and physiology. Hence it comes that on questions of physical, chemical and biological diagnosis we all agree now-a-days.

I do not know whether this agreement has always existed, but my impression is that diagnosis is one of the fields in which your school and ours have been getting together more and more in the last ten years. This is a very great gain and presages still further agreements in the near future.

II.

Surgery is another example of a branch of the physician's art which is based directly on anatomy and physiology. Because the facts of anatomy and physiology are facts for us all alike—we can and do agree on surgery. This, again, is especially true of late years and in this country. I find in some books by English homeopathic writers a spirit of hostility to surgery quite foreign to the

attitude of members of your society in this vicinity, and I am told that homeopaths are having their cases of appendicitis with abscess operated on earlier now-a-days than was the custom ten years ago.

III

Hygiene and prophylaxis exemplify still further the extension of our basis of agreement as we apply further and further the principles of the fundamental sciences which all educated physicians alike acknowledge to-day. Hygiene and prophylaxis are simply the applications of bacteriology and physiology to the problem of keeping well. The isolation of infectious diseases, the destruction of the excreta of the typhoid and the sputa of the tuberculous patient are typical of the many important measures for protecting the public health in which there is no longer any disagreement between us. Dietetics, physical exercise and the full use of our neglected birthright—fresh air, are taught and practised by both schools alike, because they are deductions from the data of Physiology.

Whenever the treatment of a disease consists essentially in diet and good hygiene—as for example in phthisis—we find no considerable difference in the practice of Homœopaths and Old school physicians.

IV

Wherever asepsis or antiseptis is demanded, there is no difference between us. Surgeons differ, of course, as to the value of particular methods of sterilizing hands, instruments, dressings, and the field of operation, but there is no distinctive old school view or homeopathic view in such matters.

So it is in diseased conditions where local treatment is indicated. Local diseases of the skin, of the mouth, and upper respiratory passages, of the urethra, bladder, rectum, and female genitals are treated, I take it, by both schools on the same essential principles.

Whenever chemical or physiological antidotes are demanded, as for example, in poisoning cases and in the neutralization of acid by

HOW FAR DO HOMEOPATHIC &c.

alkali, we find all well educated physicians of both schools in substantial agreement.

Mechanical therapeutics includes surgery, the application of orthopedic and other forms of apparatus, massage, manipulation, vibration, exercise, active and passive, do we not wholly agree in this branch of treatment?

I do not know whether Bier's method of treating joint diseases by the production of active hyperæmia through heat, or of passive hyperæmia by bandaging, is properly to be described as homeopathic, but whether it is homeopathic or not, it is, I suppose, as acceptable to us all, because it rests on biology and physics, not on pharmacology.

Heat, cold, counter irritation, electricity, are applied by both schools alike. Radiotherapeutics is, I believe, considered a striking example of the homeopathic principle. If so, it shows the sprouting of homeopathic methods within the old school.

My impression is that hydrotherapeutics and conscious psychotherapeutics are used more extensively by our school than by yours, but this indicates no difference in principle between us; for the good offices of water and mental influence are not the property of any school, and all physicians are sure to avail themselves sooner or later of any usefulness that there is in these methods.

The beneficial effects of good nursing are not subjects for controversy, and I suppose that outside the giving of medicine there is no difference between a Homeopathic and an Old school nurse.

There remain two types of therapeutics regarding the homeopathic view on which I must ask you to enlighten me: I allude to vaccination and to serum therapeutics. There are men in both schools who refuse to vaccinate or to give antitoxin in diphtheria.

Are such persons relatively more numerous with you than they are with us? I must ask you to answer the question for me, but however this mathematic problem may be settled, it seems to be the fact that there is no orthodox opinion among homeopaths against the use of vaccination and antitoxic sera.

The use of tuberculin is a form of vaccination which illustrates

better than any example known to me the approval of homeopathic principles in our school. Tuberculin is, of course, not an antitoxin, but a toxin, and its therapeutic use is a form of vaccination. The poison of tuberculosis which can produce some of the symptoms of tuberculosis is here applied in small doses for the cure of tuberculosis through the production of immunity, or resisting power in the tissues. Surely, this is a case of "*similia similibus curantur*," as homeopathic writers have pointed out. The use of bacterial vaccines in infectious diseases recently by A. F. Wright is distinctly homeopathic.

But the revival of tuberculin therapy within the past ten years (after its abandonment in 1890) illustrates the victory of another homeopathic doctrine within our school. I mean the doctrine of the occasional utility of very minute doses. No one in this country has had so much experience with tuberculosis as Trudeau of Saranac Lake. No one has tested so critically and cautiously the merits and demerits of this remedy. As a result of his fifteen years' experience of its use he published last August an account of his own methods, and in a recent letter to my friend, Dr. John B. Howes, Jr., he has amplified and reiterated his statements in a most interesting way.

What dose does he use? Not the 10 milligrams often employed in the early nineties—not even the 1 milligram or $\frac{1}{2}$ milligram recommended later. At present he begins his treatment in febrile cases with 1-10,000th of a milligram and in febrile cases with a 1-100,000th of a milligram. This 1-100,000th of a milligram, when injected under the skin in a centimetre of water and absorbed into the circulation becomes dilated about 5,000,000 times by the body fluids. Hence we imagine the original milligram of tuberculin acts in a dilution of 1-500,000,000,000! What fixes this dose? Precisely the homeopathic principle, namely, to produce a definite good effect without any observable ill effects.

Of course I do not mean to imply that we have already reached an agreement as to the proper dosage of all, or even of very many remedies. But we have now observed the occasional utility of very minute doses, and you have long since admitted the occasional benefit of very sizable doses. In principle, therefore, we already agree. It

remains to work out the multitudinous details of the application of these principles.

We sometimes follow the maxim, "*Similia similibus curantur*," but not often. You sometimes follow it, but not always. We strike at the cause of the disease and remove it whenever we can find that cause. So do you, whenever you are convinced that it is a cause, as with intestinal worms, or head lice. Those of you who are convinced that quinine kills the malarial parasite in the blood just as a vermifuge kills an intestinal parasite in the gut, use quinine for malaria, just as we do.

We have come round to your minute doses in some cases, and there is no knowing how much further we may go. You, on the other hand, are not tied down to minute doses, but are quite ready to use larger doses when better effects are obtained thereby.

The Single Remedy.

Let us turn now to another cardinal tenet of homeopathy—the single remedy. There we must frankly confess that old school practice has come much nearer to Homeopathic usage within the last ten years. We, many of us, use but one drug at a time. "Drug" is never synonymous with "remedy" in our terminology, and so we should rather say that we often see several remedies, e. g., regulations of the diet, fresh air, exercise, hydrotherapy and mind cure all at once, but with these remedies we prefer to combine not more than one drug—sometimes less. When I turn to some of the older books on therapeutics, some still used in our school, and see how the frail human stomach is expected to bear not only the drug but an adjuvant, a corrective, a flavour and perhaps more ingredients, I rejoice that we no longer practise what some of our text-books still preach.

There is no longer any ground for discussion between us as to the advisability of giving but one drug at a time. I think there is no longer any considerable difference between the practice of the two schools in this respect and in consultation with seven of your body, Drs. Sutherland, Batchelder, Rockwell, Moore, Carvill,

Everett Jones, and Hubbell, I have found entire agreement as to the advisability in special cases of giving several drugs alternately to the same patient.

Not long ago a meeting of this kind would be sure to attempt a discussion of the belief that Homeopaths treat symptoms while Old school practitioners treat the cause of the disease or the diseased organ itself. But in our time this, like so many other grounds of controversy, has vanished.

You and we alike treat the cause of disease whenever we can find it (which, alas ! is not very often).

You and we alike extirpate a diseased organ by surgical interference when the symptoms appear to make such action advisable.

You and we alike are often unable to locate the cause of disease or even the diseased organ, and then you and we alike fall back upon the treatment of symptoms. None of us wants to treat symptoms if we can remove their cause. All of us are forced to treat symptoms when we can't find or can't remove their cause,—as is the case in the great majority of cases seen by any general practitioner. Sometimes we treat the totality of symptoms—that is in our language, the evidences of disturbed functions, when we recognize them, as for example, the dropsy, dyspnoea, cough, palpitation, insomnia, nausea, oliguria and pain produced by passive congestion in uncompensated cardiac disease. Sometimes we are forced to treat a single symptom, like headache, because we can't connect it with any other symptoms or with disease of any organ.

We are all in the same box here and there is nothing to discuss.

VI

A Law of Therapeutics.

It has been perfectly just to charge our school in the past with the absence of any principle or law in therapeutics, and to contrast the order and system of homeopathic treatment with the helter skelter omnium gatherum of merely empirical methods. But the contrast is no longer just. Homeopathy has a well defined law which has been established [like all laws] empirically and is

constantly and properly being subjected to re-verification through careful experiments. We also have at last, after much groping and long years of work obtained a law of therapeutics, a principle of therapeutic effort—namely the principle of immunity—natural and acquired, and of the means by which it may be attained, augmented, protected.

To increase the power of the organism, to resist disease is the aim of our diet-therapy, our hydrotherapy, our mechanical and surgical therapy, our mind cure, rest cure, and work cure, our climatic and hygienic efforts, and of all the most satisfactory part of our drug therapy. That this law is as wide as the law of similars, I think you will agree with me, for though it does not cover all our pharmacology it does extend over the other fields of our therapeutics where food, water, light, air, exercise, mind cure and even much of surgery find their place.

Your principle does not yet apply to all cases. Neither does ours. Your principle is empirically built up and empirically verified ; so is ours. We are not bound by our principle, nor you by yours, but in both schools the principle guides research and stimulates discovery, which is the true function of a principle.

Our views of the founder of homeopathy are far less divergent from yours than they were fifty years ago. We recognise now that in his day and generation he stood for a great and beneficent reform in medicine. The "gentle action" of homeopathic remedies and the "high regard for the unaided powers of nature" which is characteristic of homeopathy are in refreshing contrast with the violent and obviously harmful methods of Old school practice in Hahnemann's day. Had we lived in that age how fortunate would any one of us have been who fell into Hahnemann's hands and so escaped being bled, purged, puked, sweated and salivated, as was then the custom of our school. All this we now recognize. On the other hand homeopaths no longer feel bound to defend everything in Hahnemann's system, and generally recognize that in many respects the science of medicine has not stood still since he died.

Do I then think that there is entire agreement between our

schools? Not at all. We have come far towards you and you far towards us. Which has gone the further I do not know nor care, but we are still far apart in a portion of our pharmacology, and my purpose in the remainder of this paper is to indicate certain ways by which, I think, we can come nearer still.

First of all, one thing is certain. There must be concessions on both sides, not only on your side, if we are to get together. We must admit that we have been wrong in the past and probably are still wrong in many points. We have certainly been wrong—some of us, in our prejudices against homeopaths, in blaming all homeopaths for the fault of a few. I confessed to you a year ago how much surprised I was to find that there were homeopaths both honest and intelligent. Well, there are still a good many of our school who have not made the discovery, and it is high time that they should. I suppose there are also in your body some who find it hard to believe that we of our school are not all arrogant and prejudiced.

VII

Some of our mistakes.

We have been wrong in the past in refusing to consult with homeopaths and to join them in State and national societies. But we have seen and admitted our wrong and are doing our best to get together with you wherever you will meet us now.

We have been wrong and irritating in arrogating to ourselves the term of "regular" as opposed to homeopathic. You have been kind enough to spare us more and more of late that ridiculous term "allopath", and to call us by the neutral name of "old school". This is by no means a perfect designation for an up-to-date profession which in therapeutics has largely repudiated its past and now agrees with you in everything else. Still, in the interests of harmony I think we should sacrifice something, and no one can help recognizing the arrogance of the term "regular."

We have been wrong in saying and believing, as we often have, that there are no real homoeopaths now-a-days, none that really take Hahneman's doctrine of similars seriously. One of the

things that has most impressed me in my friendly and pleasant contact with homeopaths during the past year has been the studious care with which my friends in your school endeavour to select remedies according to the law of similars and the unfeigned confidence which (in certain cases) they place in these remedies.

We have been wrong in not admitting more candidly the bearing of certain well-known facts of pharmacology on the issue between your school and ours. The use of *digitalis* in relatively small doses to relieve symptoms similar to those of its overdose, the partial similarity between the symptoms of scarlet fever and those of belladonna poisoning, the supposed value of ipecac in controlling nausea (still stated in our text-books, though most of us fail to obtain any such effects; the fact that you can produce some (by no means all) of the symptoms of malaria by large doses of quinine and some lesions like those of syphilis by overdosing with mercury, that nitroglycerine will often produce and sometimes cure a headache—all these are facts which we should realize and whose significance we should study as far as we can.

We have been wrong in experimenting so little as we have with homeopathic remedies. The whole question for us should be, do they work? Not long ago I suggested during a consultation that it would be well to try 1-25 of a grain of calomel in repeated doses for a toxic diarrhoea in an old lady. The attending physician was horror-stricken. "Why that's homeopathy," he said. "Well", I said, "it was suggested to me by an old school physician, one of the best-known men in this country, and he learned it from his father who was a homeopath. Let's try it, anyway."

So we did try it and excellent were the results.

We ought to be as free in using your remedies as you are in using ours, and in acknowledging publicly the good or the harm that results.

VIII

Some of your mistakes.

Now, after these confessions, I hope I shall not seem arrogant

when I venture to suggest certain charges to you, charges that might operate to remove sources of misunderstanding and irritation between our school and yours. I will begin with some trifling matters of nomenclature which yet have their importance as causes of friction.

I think you homeopaths are somewhat too tenacious in your hold on roots and stems—not in the botanical but in the linguistic sense.

(a) The German word "Prufung" is a good word, but its proper translation is not "proving" but "testing or experimenting." Proof in ordinary English means something very different from experimentation. When you speak of proving this or that, the impression naturally conveyed is that you are demonstrating what is already true, as one does in geometry, whereas in medicine your effort is an open minded search to find out what the truth is. The lawyer who can and will prove anything is justly called a liar, but if proof meant only test, the readiness to prove all things as in the Scriptural usage no longer current) is most praiseworthy.

I should suggest, then, that you no longer hold yourselves aloof from common usage, and translate in future the word "Prufung" as the rest of the world translates it, namely as *testing*. Thus you will sound more open-minded and less dogmatic.

(b) The Latin word "Cura" is not to be translated as cure, but as care. Of course you all know that as well as I, but I cannot help thinking that misunderstandings have arisen in the past because you have spoken of curing disease with a drug when you have realized as well as we do that nature does the larger part of the work, assisted more or less by our drugs and other remedial measures.

To us, and I think to the public in general, a drug that cures a disease is a specific, yet I take it that Dr J. H. Clarke properly states your position when he says ("Homeopathy Explained", p. 149) "In homeopathy we have, as I have shown over and over again, no specific for diseases". You cure diseases as little as the rest of us. You take care of the patient and promote his recovery by drugs and other measures. It sounds arrogant to say as homeopaths.

sometimes do that the old school palliates while homeopathy cures. It is, I believe, an over-fondness for stems and roots that has led to this misunderstanding. Let us use the word "cure" only, when we believe that we have a demonstrable specific for a disease, as we think we have in quinine and diphtheria antitoxin?

(c) In naming drugs let us keep as close as we can to current usage outside the profession and cease to hold ourselves aloof. Let us call a spade a spade; let us call corrosive sublimate by its christian name rather than by the stumps of two names like merc. corr. when we mean charcoal, let us not call it carbon; when we mean sulphur and oyster shells, let us say so rather than cling to that curious relic "Hepar sulph". When one means lime, why should one say calcaria?

Now, I am quite aware that many of our own school are doing the same thing when they write their prescriptions in barbarous mediæval Latin, or speak of nitroglycerine as glonoin.} But it is, I think, a mistake in all cases.

d) Finally, I think it would conduce to clearness in discussion, if both parties would be careful not to limit therapeutics to drug therapeutics, for that accents unduly the differences between our schools. We agree not only in the diagnosis, prognosis and course of disease, but in the whole of therapeutics outside of drug therapeutics and in a portion of drug therapeutics itself. One of our chief grounds of difference, and one not always appreciated by homeopaths is in the relative importance of drug therapy as compared with other forms of treatment. The best men of our school to-day use far less medicine, I should judge—even in actual bulk—than you do. The chief issue between us is not between homeopathic drugging and old school drugging, but between the old school physician with very little emphasis on drugs and very much on hygiene, dietetics, mechanical, physical and psychic therapy, and the 'homeopath' who adds to a certain belief in these remedial agents a much larger belief in drugs. I doubt if you, gentlemen, realize how large a proportion of our patients are treated without any drugs at all, and how little faith we have to-day in the curative power of drugs. I think most men

of our school to day would say that the only diseases really cured by drugs are malaria diphtheria, myxedema and those due to intestinal parasites.

Gentlemen, we want the truth, all of it that we can get hold of. So do you. 'Tis ships that steer for the same port are sure to come together sooner or later, no matter how far apart they may be on the ocean. If we keep ourselves in this mind, if we are fair and honest and not uncharitable, we shall pool our knowledge some day and abolish sectarianism in medicine. I hope and pray that this consummation may come in our life time. Whether it does or not, depends largely upon us—our earnestness, our honesty and our good will.

NASAL CATARRH OR CORYZA.

This diseased condition is of frequent occurrence now-a-days. This year the activity of cold is less marked than in previous years, in fact the cold season is less severe and of short duration. This is the month (January) when we expect to experience severe cold but it is wanting altogether. To my mind the virulent prevalence of cold and catarrh this time is the effect of unsettled atmospheric changes. For the convenience of our readers, especially those who are not professional medical men, I record a few remedies for the treatment of catarrh.

Cough is generally an attendant of catarrh either during or after the invasion of cold. There are many cough remedies in the homeopathic materia medica, too many to mention in a single article. Those which are called for in an acute attack and those which are required in chronic cases, will be mentioned here in order.

Aconite is deservedly mentioned as the first remedy in cases of coryza. The attack is sudden, a single exposure to cold brings on water running from the nose, feverishness, and

other concomitant symptoms of aconite. If robust persons are attacked, aconite is the first remedy to be thought of. When catarrh goes on for some time, aconite has no place. Fever, thirst, restlessness, insomnia, pain in various parts of the body, clear, thin, watery fluid from the nose, constant sneezing. If coryza is caused by dry cold winds, aconite is the first remedy to be thought of.

Arsenicum—Next to aconite this remedy plays a most important part in this disease. When indications are clear, arsenic does its work quickly and permanently.

Fluent coryza, water running out of the nose is hot and excoriating; frequent sneezing, nose swollen and burning, cold bath and walking in cold air relieve the suffering.

Calc. carb.—Heat and chill appear alternately, hands and feet are cold, dropping of water from the nose and sneezing, constant tendency to cold.

Cepa or *Alium cepa*, as it is called, is very similar to Arsenic and Kali Iod. Acrid watery discharge from the nose, catarrh with watering and smarting of the eyes and violent sneezing; aggravation in the evening and in a warm room, better in fresh open air.

Camphor—Allied to the above remedy. Coryza from sudden change of weather. Running of watery fluid from the nose, feverishness and malaise, always feels chilly. Sometimes two to five drops of Rubini's Camphor with little sugar, thrice or four times a day, complete the cure quickly.

Euphrasia is a good coryza remedy when indicated. Discharge of watery fluid from the nose and eyes. Water from the eyes is acrid and burning, but that from the nose is bland. Nose ulcerated, red and swollen. Cold aggravates the case. It differs from Cepa in this respect that discharge from the nose is mild but tears are acrid.

Kali Iod.—Discharge is cool. This is characteristic. In

arsenic discharge is hot, nose red and swollen externally. Cold is bad, chilliness and feverishness.

Mercurius.—Ulceration of nose and itching, discharge is thick and bloody, constant sneezing and salivation. Taste and smell impaired, fetid smell of the discharge, nightly aggravation. Great thirst, also worse by warmth and dampness.

Natrium mur.—Chronic catarrh, frontal sinus heavy and painful, cheek and brow painful. Liability to catch cold. Nose stopped. Discharge thick and greenish. Loss of taste and smell.

Nux vom.—In the first stage ; dryness and obstruction of nose, uneasy or painful sensation in the posterior noses, watery discharge in the morning and thick in the evening. Aggravation from dry cold air and setting in cold storms.

Pulsatilla.—When catarrh becomes chronic or sub-acute. Loss of taste and smell, nose sore and painful, discharge yellow or greenish yellow and thick, worse from warmth and better in open air. Headache and chilliness.

Sinapis nigra.—Discharge acrid, excoriation of nose, sneezing and hacking cough. Tearing and smarting of the eyes. Dull frontal headache.

Sulphur.—Catarrh fluent and burning, nose stopped in a warm room, better in open air ; sneezing and sometimes bleeding from the nose. Loss of smell. Constitutional symptoms of Sulphur present.

SACCHARUM ALBUM.

(*White Sugar.*)

Ears.—Discharge of pus from ears.

Nose.—Sneezing ; dry coryza.

Face.—Changed expression of countenance, paleness of

the face, death-like color of the face, twitching of the muscles of the right cheek over the malar bone.

Mouth.—Dullness of the teeth (with sour vomiting), a white coat on the tongue, so thick as to cause stiffness in it; Rhagades, cracks on the tongue,—Ranula, inflammation of the salivary glands—inflammation of the lining membrane of the mouth.

Throat.—Ulcers in the throat.

Stomach.—*Appetite*, morbid hunger with fever, nausea and vomiting, nausea, early in the morning;—Violent retching;—Vomiting of white viscid, tough mucus;—Periodical vomiting;—Vomiting of blood;—Acid vomiting making the teeth dull;—Stomach overloaded with sour mucus;—Occasional vomiting with chill,—Bloated stomach;—Impaired digestion;—Disordered stomach;—A burning at the pit of the stomach,—Heat in the stomach;—Coldness of the stomach;—Pressure in the stomach, in morning when fasting;—Painful constriction of the stomach;—Painful sensitiveness of the pit of the stomach;—Pain in the stomach, with hypochondriacal persons.

Abdomen.—Swelling of the liver;—Induration of the liver;—Increased secretion of bile;—Swelling of the spleen; Pain in both hypochondria, in persons with liver and spleen; Abdomen swollen (enlarged);—The abdomen shows the presence of water on percussion;—Hard abdomen in children;—Hardness and swelling of the abdomen; abdomen as hard as stone;—Painful hardness of the abdomen;—flatulency;—Atrophía mesenterica;—swelling and induration of the mesenteric glands.

Rectum.—Painful hæmorrhoidal tumors;—hæmorrhoidal congestion.

Stools—Diarrhœa, stool watery and debilitating, mixed with mucus and blood, bilious;—Constipation with

mucus diarrhoea ;—Constipation, difficult stool ;—Constipation.

Urinary Organs.—Sharp burning pains would run up from the kidneys to the shoulders, passing under the scapula. —Great pains in the kidneys.—Increased urination ; strong urinous odor, and white sediments ;—Profuse urination, diminished, very scanty secretion of urine.

Sexual Organs.—*Male*.—Swelling of the genitals, —Enormous swelling of the scrotum ;—Increased sexual desire ;—Frequent involuntary seminal emissions. *Female*.—Catamenia diminished ;—Menstrual blood is pure ;—Suppressed fluor albus.

Respiratory Organs.—*Larynx*—Irritation of the larynx, causing a slight hacking cough, with yellow saltish expectoration, which floats on water ;—Dry rawness in the tongue. *Voice*.—Hoarse catarrhal voice, —Hoarseness from reading but a short time ;—The expectoration with the cough is very offensive ;—*Respiration* oppressed as if from want of breath, slight cough, with but profuse offensive expectoration ; in warm air it was generally white, and in falling spread out like cream when spilled ; in the cold air it was yellow and had more consistency, but all the time the expectoration was cold ;—oppressed breathing ;—can only breathe in an erect position ;—difficult expectoration ;—suffocative attack. He has to be bolstered up high on account of dyspnoea.

Chest.—Emaciation of the chest, the muscles dwindle away ;—Pneumonia ;—Accumulation of mucus in the chest ;—Swelling of the lower part of the sternum,—Fullness in the chest in the morning, and relieved by expectoration of mucus ;—Stitches in the left side of the chest.

Heart and Pulse.—Rheumatic pain in the region of the heart—Pulse weak and irregular.

Extremities.—Tingling in limbs.

Superior extremities.—Œdematous swelling of the arms.
Inferior extremities.—Emaciation of the hands and thighs—Œdematous swelling of the legs, water oozing out of the legs ;—Legs swollen and as hard as stone ;—Weakness of the legs, as if paralyzed, causing him to stagger ;—During the burning in the stomach he had jactitation of the muscles of the feet and the legs, to the knees, which was very painful ;—Cramps in calves of legs ;—Weakness of the legs,—Swelling around the ankles,—Œdematous swelling of feet and ankles.

Generalities.—Emaciation with great appetite ;—Insufficient nutrition ;—Chlorosis with dropsy ,—Chlorosis after anger ;—Aphthæ of children ;—Plethoric constitution,—Fainting attacks—Attacks of gout, pains wandering ;—Pains in the bones from head to foot, causing rigidity of the muscles so that it was impossible to rise from the bed till he had been rubbed ;—Bad effects from violent anger.

Skin.—Dry skin, all perspiration is suppressed ;—Scurvy ; pale, red bloches over the body—Panaritium.—Proud flesh in ulcers ;—Old herpes,—Excessive granulation in ulcers.

Sleep.—Starts in his sleep—Sleeplessness.

Fever.—Chilliness, from 10 A. M. till evening, with melancholic mood ;—Chill commencing in the back, and spreading thence up and down ; severe headache, and occasional vomiting ; fever following headache, morbid hunger, and a hectic flush on the cheek ; no sweat except when weakened by repeated attacks, before and during the paroxysm, the burning in stomach and back was simply intolerable ; no thirst ;—Intermittent fever every one, two or three days, irregular in type ,—Evening fever,—The chill is followed by profuse perspiration.—Perspiration in the head (neck and shoulders).

Condition.—Aggravation—morning, early, nausea ; when

fasting, pressure in the stomach ; difficult respiration ; fullness in chest.—violent hunger. NELAMBAR HUI.

MUCOUS COLITIS.

CLINTON ENOS, M. D.

No correct name has been given to this disease. However, mucous colitis is the one by which it is usually designated. Membranous enteritis, tubular diarrhœa, mucus colic and colon colic have also been used as names. A more correct name would be colon neuroses.

This disease is characterized by periodical attacks of constipation with severe attacks of abdominal pains and evacuations of quantities of mucus. Some of these attacks will last but a day or two, others for couple of weeks, and occasionally one will last for several months. These attacks will repeat themselves anywhere from two weeks to two or three times a year or even further apart. About 80 per cent of these cases occur in women. Whether it is a woman, man or child, the patient is always a neurotic, hysterical individual. This disease is not inflammatory in character and must not be confounded with dysentery, proctitis or catarrh of the colon. At autopsy, at the site where the mucus is adhering to the surface of the colon, or a microscopical examination fails to show a particle of inflammation.

The essential feature of this disease is a secretory neurosis of the mucous membrane of the colon, in which abnormal amounts of mucus are excreted. This is almost always accompanied by a motor neurosis of the colon in which the over-abundant quantity of mucus is compressed and strand-like masses or shreds are evacuated. A sensory neurosis also is almost always present and this gives rise to the intense pains often accompanying this disease.

A great many of these cases come on insidiously ; that

is, the patient often complains of some gastric disorder which is usually diagnosed as nervous dyspepsia with superacidity. Diarrhœa is sometimes present but usually constipation is the rule, and immediately preceding the full development of the disease there is always for some weeks or months obstinate constipation. Almost every disease of the abdomen and pelvis has been brought forward as an etiological factor, especially prolapsus of the various organs or adhesions.

The special object of this paper is to bring out the pathology and to warn doctors against mistaking this disease for appendicitis. These patients being hysterical, often simulate an appendicitis patient. But a neurotic individual passing masses of mucus should put the physician on his guard. In these strenuous days with ambitious surgeons anxious to add numbers to the long list of their operations, many of these cases are operated upon for appendicitis with no relief from these periodical attacks. To the uninformed these attacks may be mistaken for appendicitis, but there is no excuse for competent surgeons subjecting these cases to the discomfort, expense and danger of an operation for something they have not got.

The principal thing, then, about this disease to remember is that it is a purely functional disturbance, and the symptoms consist in the evacuation, at varying intervals, of masses of mucus or shreds or casts of the colon, with tenesmus and severe colicky pains; and the pathology is characterized as secretory, motor and sensory neurosis of the colon.

The treatment is medical, hygienic and dietetic. Even when this disease has followed the advent of a floating kidney, pelvic adhesions or any other trouble, an operation for the original disturbance is not sufficient to cure the patient. We often see these cases from one to five years after an operation for the "original cause" in as bad a fix as before

the operation. If a floating kidney, adhesions, etc. are present as the cause or complication and need surgical interference, do it, but remember that medicinal, hygienic and dietetic measures must be instituted or your patient will not be cured and not be cured then unless you are a mighty skilful doctor.—*Colorado Homœopathic Society*, 1906.

Book Review.

The Test Drug-Proving of the O. O. & L. Society.

A reproving of Belladonna, arranged and condensed by the general director of the proving.

Hamoid P. Bellows, M. S. M. D., Professor of Physiology in
BOSTON UNIVERSITY SCHOOL OF MEDICINE.

We have been favored with a copy of the above book by Dr. Bellows. The advanced sheets of the work were noticed by us in this Review a few months ago. Now we have got the complete work. By reading this book, our readers will be able to know at once how the drugs should be proved according to the true scientific way. If we can prove and arrange the proving as in the work before us, a scientific materia medica will no longer be a desideratum. We congratulate Dr. Bellows on the great care and judgment used in preparing this grand work. We hope to see it in the hands of every physician of our rank. It is as well useful to our brethren of the other school. If every drug of our materia medica can be rendered in this way, we shall have nothing to complain on the score of a complete work on this subject.

We humbly advise Dr. Bellows and his collaborateurs to continue with the noble work. Of course it is a difficult business but we have a great faith in American enterprise. If our colleagues there would take up at least the polychrest remedies for the present, it may be done with least labor and least outlay of funds.

We are glad that the American Institute of Homeopathy showed its appreciation of the work by a vote of thanks to Dr. Bellows. The types, binding and the paper of this work are excellent.

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ON THE POTENCY QUESTION.

A discussion before the Calcutta H. Society.

January 29, 1907.

There has been so much of controversy with regard to the question of dose and potency and the repetition of the same that I have thought it best to quote to you a few passages from the master's "Organon", the *Novum Organum* of our creed. The high winds and the time and tide of the current of events have led us to give different interpretations to the master's writings, so that I consider it safe and best for us all to remember the master's own words, which have been rendered into very good and easy English by the translators.

After all, the potency question and the repetition of the dose must always be subservient to the two other cardinal features of the homeopathic doctrine, namely the law *similia similibus* and the administration of the single remedy, factors that are very frequently lost sight of by our practitioners. The results of our treatment, our successes and our failures would depend more frequently upon the taking of the case and the

selection of the remedy than upon the question of dose. Let us therefore not quarrel over petty matters but come to a happy conclusion with regard to the same.

Para 122. ... Only such drugs should be employed which are perfectly reliable in regard to the purity, genuineness and *full strength*.

Para 128. . . The most recent experiments have taught that crude medicinal substances, if taken by an experimenter for the purpose of ascertaining their peculiar effects, will not disclose the same wealth of latent powers, as when they are taken in a highly attenuated state, potentiated by means of trituration and succussion. Through this simple process the powers hidden and dormant, as it were, in the crude drug are developed and called into activity in an incredible degree.

Para 129. ... A drug does not exert equal strength upon all persons, and a great difference is observable in this respect ; for instance, a moderate dose of a drug, known to be very powerful, may sometimes produce but a very slight effect upon an apparently delicate person, while the same individual is affected quite perceptibly by other, much less powerful drugs.

Para 245. ... Perceptible and continued progress of improvement in an acute or chronic disease, is a condition which, as long as it lasts, invariably contra-indicates the repetition of any medicine whatever, because the beneficial effect which the medicine continues to exert is rapidly approaching its perfection. Under these circumstances every new dose of any medicine, even of the last one that proved beneficial, would disturb the process of recovery.

Para 246. ... First, by careful selection of the most appropriate homeopathic medicine ; secondly, by administering the medicine in the finest dose capable of restoring the vital force to harmonious activity, without causing violent reaction ;

and thirdly, by repeating the finest dose of an accurately selected medicine at proper intervals, [126] such as are proved by experience to be most conducive to a speedy cure, and timed so as to prevent an injurious and revulsive counter-action of the vital force, whose action is to be tempered and modified in accordance with the morbid power of the medicine which is similar in effect to the natural disease.

Para 247. Under these conditions the finest doses of the most nicely selected homeopathic medicine may be repeated with excellent, and often astonishing effect, at intervals of fourteen, twelve, ten, eight or seven days. In chronic diseases assuming an acute form, and demanding greater haste, these spaces of time may be abbreviated still more, but in acute diseases the remedies may be repeated at much shorter intervals ; for instance, twenty-four, twelve, eight or four hours ; and in the most acute diseases at intervals varying from an hour to five minutes. These periods are always to be determined by the nature of the remedy employed in accordance with the more definite directions given in the explanatory note to the preceding paragraph. J. N. M.

MARRIAGE AGE IN INDIA.

ĀTAL VIHARI BHADURI, M. A.

I.

The lark rising aloft in the cerulean vault of the heavens, will sing as it soars ; and far away from the ken of the keenest observer, "like a tiny skiff moored in an unruffled isle," may float with a steady, imperceptible velocity in its own undisputed dominion ; but when the bird of passage addresses itself to its "adventurous flight", in which hills and dales, and many a rolling river, will have to be passed over,

in reiterated succession, the mighty task will require a sternness of purpose and an indomitable will and perseverance. By a purity of reasoning, there are matters that can be held and treated lightly, being rather the play-toys of our leisure than the task-work of more serious moments ; but there are others that shall have to be approached in a more solemn mood, because it is impossible to comprehend them in their proper immensity and dimension without patient and protracted research. The subject now before us partakes in an eminent degree, of the more earnest of these characteristics. In our attempt therefore, we shall have to descend rather than to rise ; and the atmosphere around us resembles rather the murkiness of the morass, than the pure and bright azure, in the midst of which the bird we have started would love to pour forth its strains of unseen melody.

There are many reasons why the marriage age of girls and boys in our country deserves a more extended and elaborate investigation at the present day, than has yet been accorded to the subject. The age of scepticism appears to have passed away, and the pressing demands of the times require a thorough modelling of the social fabric in the midst of which we "live and move and have our being." We speak deferentially, therefore, when we observe, with true satisfaction, that the *Social Conference*, promulgated under the auspices of persons of light, lead and culture in our land of Ind, in one of their latest sittings, in a spirit of generous freedom and patriotism, took up the inauguration of "Social Purity" as their theme of discussion and resolution. That great and representative committee, in two out of eleven of their formal resolutions expressed that :—

(a) "In view of the manifold evils arising from early marriages, this Conference endorses the resolution *passed at the Conference held last year* that the *marriage age of boys and*

girls should be raised, respectively, to at least 18 and 12 years." (Resolution No. 3).

(b) "That this Conference considers that our *domestic and social well-being demands an amelioration of the condition of child-widows and recommends the re-marriage of such widows according to Shastraic principles.*

The Italics are ours. We are here directly concerned with the first of these. There are many reasons why the matter deserves a more extended investigation at the present day, at the hands of an erudite and enlightened community, than has hitherto been vouchsafed to it by the arrogant and imperious tribunal of the orthodox generation. It is now nearly forty years since the subject was first attempted and discussed in the way of a favourable settlement by that ablest and most scientific scholar of our country, we mean the founder of the eminent Association for the Cultivation of Science in India. Our readers, we venture to state, must be aware that the attention of Dr. Sircar was roused not merely by the many evils then lurking in the social environments of the community, and looming in the then near future, but also by the disinterested appeals of that foremost of philanthropists and reformers our country has ever produced. Indeed the evils cried out for themselves and found at last their fitting spokesmen in these two personages who gave the impetus, first and last till now, in our country, to matters of social organisation.

We are indeed sorry, we have not had upon our table, any printed copy of the arguments or discussions, through which the venerable members of the Conference have arrived at the particular ages put down in their Resolution, for the marriage of boys and girls—viz. 18 and 12 respectively. Nor have our countrymen been favoured with any statement of the grounds or considerations upon which the verdict of

that august assembly has been based. Such expressions as "social evils" and "domestic and social well being", appear to be too vague for ordinary comprehension in general, and admit of a variety of interpretations most of which are hardly compatible with the object which these honest promoters of *social good and comfort* apparently have in view. If by "social evils" have been meant the difficulties attendant upon the securing or selection of proper matches, the matter had better been dropped altogether. Were the expression meant to imply the question of money, we should feel happy, we confess honestly, to have the matter either consigned to the "flood of deadly hate," or best, committed to the care of the parties primarily concerned in matrimony. The matter of the second of the resolutions of the Conference we have quoted above, might in all fairness, be concerned directly with the difficulties or the pleasures of domestic life and living, as involving the fate of hapless child-widows as well as the onerous responsibilities of parents and guardians. But if life, individual or social, be looked upon beyond the mere surface of pleasures and woes, the marriage age or more properly the age of maternity of our girls, as contained in the first resolution, must be pronounced to be one of deepest concern and anxiety, to humanity, as involving the laws of genesis and development, maturity and decline. It is with this aspect of the question that we are more directly concerned in this periodical.

As already intimated, *marriage* and *maternity* can by no means be considered to be synchronous. The one does by no means, necessarily follow other; much less can it be assumed that there is an invariable or inseparable connection between them. In other words, conception seldom follows marriage immediately, specially in this country, except in very exceptional or exceptionable circumstances; nor is

matrimony consummated by a "bonnie bairn" in each case or sterility would be very much as the man in the moon. What rational hindrance could there be, for the Conference, to set down the matrimonial age of our girls at *eight* or *fourteen* years, or even *earlier* or *later* than these periods, we are at a loss to conjecture. Our readers here, (though not those across the waters), will kindly remember that the majority of the inferior sections of our communities, in almost every limited local area, however small, would in no circumstances, marry their children beyond the age of *five* years; and the custom has prevailed from time out of mind. Yet for the matter of that the race of these so-considered wretches has not yet been altogether extinct; and we venture to say, the venerable members of the Social union would not be unconstrained to admit that it is exactly these so-called riff-raffs of the social community that are incontestably thriving and gaining ground in every respect, *socially, morally and physically*, in the gigantic struggle for existence, at the present moment, in marked and glaring contrast with the existing condition of the higher men, in each respect.

On the other hand, we feel it our bounden duty to observe, that *matrimony* in an advanced age of the girl has not in every case been attended with any apparent evils affecting the generous sections of our communities. The growth of the social organism in its course of nature, has with the progress of times already begun to develop a tendency towards a postponement of the very early time of marriage. Of late years the gradual change has been distinctly perceptible, that large numbers of our girls are not given away in marriage till they attain the age of 13, and marriages delayed till 14 or 15 are by no means rare. It has been said "that half a century ago, a strong feeling existed that marriage should be completed at the age of eight, while about fifteen years

ago, the age of eleven was deemed sufficiently young." (Dr. T. E. Charles, M.D., May 1871). When the present step of the *Conference* shall have been attended with success and the mind of our community accustomed to the change, the time will come for further improvement. If the object of the *Conference* be steadily kept in view, and frequently dwelt on, and properly followed in practice by our countrymen, a most important change will undoubtedly be effected on public opinion and public mind, and implication in early marriage come to be considered as a breach of decency and good breeding; and the gain to the country will, we are sure, nay certain, be immense.

The *religious belief* of our ancestors rendering it obligatory on every person to give his daughter away in marriage before the appearance of menstruation, appears to be too important a factor to be passed by unnoticed. It is a noteworthy fact that whatever was recognised as a source of good and well-being to society in those days, was out of prudential considerations, as the necessities of those days required, clothed with a veil of religious mysticism, with a view to render it all the more *binding* or obligatory on the people. At the same time, be it observed, that as far as we are aware, there was no obligation enforced, for the parties concerned in matrimony, to live together till such an age as that child-bearing, (maternity) or child-rearing would not prove injurious to the development of their physical organism. Matrimony, however early, can by no means be discarded, if maternity could be moved beyond adolescence. For it is of the last importance to bear in mind, that there is a vast distance and a wide distinction between the age at which it is possible for a child girl to conceive and that at which it is prudent, from a medical point of view, that she should be allowed to become a mother. The fourteenth year, as an

age of maternity. is by no means very uncommon, but instances of earlier maternity must be very rare, and are really to be looked upon as exception. These are verily cases of misfortune. We are thoroughly convinced that the evils consequent upon maternity at such an early age as 14, are much greater than when the physical organism of the mother has arrived at the stage of more advanced maternity ; and we consider that all attempts should be made to prevent children becoming mothers at fourteen. Constitutions shattered once for all, by too early maternity, cannot be made to appeal so strongly to the intellect of others who have not been witnesses of the very extensive mischief and devastation caused, as figures calculated on a death rate. Such a rate would, we are sure, furnish a very valuable and reliable statistical data ; and we beg to point out, that in one European country alone viz. France, "twice as many wives under twenty die in the year, as die out of the same number unmarried."

We are afraid, a girl of fourteen can, in this country, be hardly called a *child*, but we would be equally far from the truth were we to consider her fit to be styled a *woman*. Such a tender age is only a period of transition ; and when a girl is developing into a woman, she is in a position as regards maternity, or child-bearing, which is very far from perfection or maturity. The practical effect of the limit set down by the *Conference*, will be to ensure that young mothers will just be moved beyond the pale of childhood, which indeed, seems to be a great desideratum ; but it will not put them within the safe period of adult age. At present, we believe, the majority of women become mothers, at an age when they are little more than children, and the proposed change will just bring them into an age, in which they may, with propriety, be regarded only as adolescent. Child-bearing in the early stages of adolescence is only very little less injurious than

during childhood ; and some regulation which would ensure that most young mothers would have completed their fifteenth year is calculated to do a great good, though falling very far short of what is further desirable. We are distinctly of opinion that a resolute stand should be made, now that the country has been aroused a little from a condition of long-
aged lethargy in matters of social concern, for an advanced age of maternity. When we take into consideration the present state of the country's feeling on the subject, we cannot refrain from dwelling at some length, on the deleterious effects of child-bearing at a tender age of the mother as well as the father. We are of opinion that it is neither necessary nor just to expect to have any kind of social ruling upon the subject, if only the leaders of thought in our country and those whose influence extends to guiding social customs in the land should, from the beginning strive to give the fullest prevalence to the idea that whatever age may have been sanctioned by custom or religion, medical considerations unite with all others in deprecating such early unions as are observed around us.

We own that we cannot shut our eyes to the many impediments which lie in the way of even a slow, successful progress in the matter. But such appears to be the case in any move in the right direction, of whatever character, in matters of social concern. Most of these difficulties, however, we conceive, can be got over, and provided we have the will, we must find the way. Yet as these do not depend on any medical question, we do not enter into their detailed consideration. Two points, however, constituting grave and formidable hindrances in the way, appears prominently before us, and a little inspection of these will not, we hope, be out of place.

The one lies in a general and wide spread belief that the

climate of the country leads to the early appearance of menstruation in our girls ; the other, a similarly extended opinion that the same cause leads to an early development of the sexual appetite. There is just sufficient truth in both these statements to render it impossible to give them a full and unqualified denial. At the same time, there is so little truth in them as to render the arguments based on them entirely futile and valueless. Menstruation in this country is undoubtedly earlier than it is in England, yet the difference in this respect, is not so great as is believed generally. The climate and other circumstances in which our girls are placed may be only partial factors in leading to this result ; but in our opinion, the grand cause which conduces early menstruation is early marriage, and early union. This may appear to be an "argument in a circle," but the fact remains that our girls are forced into menstruating prematurely by the peculiarly abnormal conditions under which they are placed by marriages.

We have hinted at a law of physiology, very well known to breeders of horses, and we believe, owners of racing steeds are in the habit of utilizing this law of nature, whenever it suits their purpose. We know, a pony is confined under the same roof, with a mare, separated with only a partition, whenever it seems desirable that her ovaries should be developed. (*forcibly* and *prematurely*) into a condition analogous to what they acquire during menstruation in the human species.

It may not be unknown to our readers that in young widows as well as girls separated out of necessity from their husbands, the function of menstruation appears uniformly later than in married girls in the enjoyment of connubial companionship. We are not aware if the honorable members of the Conference have called upon the fullest medical report,

in order to be convinced if the universality of early marriage has had a decided effect in determining the earlier appearance of menstruation. For ourselves we know it to be a fact that instances of early and late menstruation are manifested regularly in special families, and consequently, the age at which menstruation makes its first appearance may be regarded, in general, as being hereditary. In matters of physiological consideration, nothing can be regarded as accidental or happening perchance ; and therefore, the larger or fewer instances of menstruation occurring in females before the thirteenth year is capable of a very easy explanation on the supposition of early marriage having caused their early appearance at a premature age. If the consummation of marriage becomes generally delayed, till menstruation shall have become fully established, we are sure that generations hence, menstruation would, as a rule, and naturally, appear at a later period of the age of our girls than is observed at the present day.

Upon the subject of the early development of the sexual instinct as mentioned before, we touch with great reluctance. We write at all inasmuch as we consider by not referring to it more harm will be done than by allowing it to enter into this discussion.

In this connection an extract from the eminent physician we have quoted above will not be out of place ; and our readers will attach what importance they should like to the opinion. "I have long believed that the young Hindu female is usually totally devoid of all sexual feeling, and special enquiries on the point have completely confirmed me in this opinion. Believing the allegation to be without foundation, I consider the fear of seduction grounded on it to be needless and am convinced that such a misfortune befalling on any Bengalee girl of 14 or 15 years of age would depend on a

train of events in which sexual passion would hold an unimportant place."

No doubt, the system of early betrothal and the connubial union of boys and girls of immature age, must be bad, as involving an imperceptible disturbance of gradual sexual development, and as lighting up what in medical physiology might be called, an unnatural *erythism*. But it appears to us that any attack against or any innovation upon a long established institution might perchance, do more harm than good, until it is very well thought out, and determined to be overpowering, and unless it can be shown to be resting upon masses of incontrovertible facts, and investigations of a precisely scientific character.

It were well, therefore, as hinted at the commencement of this paper, if the honourable leaders and thinking men of the *Social Conference* would bring forward some arguments in favour of the views they have entertained on the subject.

WHOOPIING COUGH AND ITS HOMCEOPATHIC TREATMENT.

BY DR. VADOR.

Translated for the Homeopathic Envoy from Le Propagateur de l'Hom., Feb., 1906.

In the treatment of children's diseases homeopathic remedies doubtless offer the best prospect of success ; and a matter by no means to be despised is that these medicines are most easily given to the children, and are even gladly taken by them. The successful treatment of children's diseases by homeopathic remedies also offers the best demonstration that the assertion that to attain the result an unbounded confidence of the patient in these remedies is necessary, is unjustified and groundless. With these small creatures, who

frequently are only a few days old, faith or suggestion cannot be thought of, but we have in such cases merely facts before which even our opponents must bend the head.

I would here point to the advantages offered by homeopathy in an especially tedious disease, whooping cough. In this department even the most sceptic scoffers have to acknowledge the efficacy of our remedies. I have frequently heard it said ; "Doctor, I do not otherwise believe in homoeopathy, but I have heard that you have excellent remedies for whooping cough."

Whooping cough may easily become dangerous by giving rise to a number of complications, especially to a certain form of pneumonia, broncho-pneumonia. Allopaths treat this disease with *Antipyrin*, *Bromoform*, *Bromide of Potassium*, etc., but these remedies at the same time injure the organism, as they act on the heart and the respiratory organs ; they cause a defective circulation, also a passive congestion of the blood to the lungs, and thus favor infection by suppuration.

In homoeopathy we use the following remedies :—

Ipecacuanha—When the cough is attended with attacks of suffocation and constriction, when the child holds its breath and there is heat and perspiration of the face as also epistaxis. These symptoms appear most violent after midnight till morning.

One of the favorite remedies in whooping cough is *Drosera*, which is used in low potencies, since the mother tincture does not prove effective. It is used where the cough is attended with vomiting and epistaxis.

Corallium rubrum, according to Dr. Teste, is the leading remedy in whooping cough. This physician tells us that a patient to whom he gave this remedy said : "It is just like pouring water on fire."

Cina is especially useful with children who are afflicted with worms, or with the following symptoms : Itching in the nose and in the anus, voracity, pain in the abdomen and a clucking sound in the oesophagus. Before the attack of coughing there is vomiting and pallor, after the attack, sneezing, moaning and groaning.

Coccus cacti is indicated in whooping cough which chiefly

appears in the morning on awaking. During the day there is a dry cough, but in the evening there is expectoration of thick, tough mucus like the white of eggs. The urine is clear like water and is copiously discharged. Homœopathic physicians who have given particular attention to his remedy have made the discovery that it was used in the treatment of whooping cough long before the time of Hahnemann. But why has it come to be forgotten again in the old school? Their latest reports do not mention it any more. Since allopathic physicians have stopped prescribing it allopathic druggists still occasionally mix it with cough remedies in order to color them. These remedies then cause in these cases an improvement, though the physician had no idea of prescribing *Coccus cacti*.

Cuprum and *Hydrocyanicum* are called for when the child becomes stiff and loses consciousness, with a vivid discoloration of the face, while the lips become blue, as also the parts around the mouth. The cough may be somewhat moderated with cold water. With *Squilla* just the contrary takes place; i. e., cold water aggravates.

Chelidonium is of most use when the convulsive cough is attended with slight disturbances of the liver and a yellowish complexion. At the same time the stools are of a lighter color, the cough is worse in the morning and in the cold air, but better in warm air.

Conium is indicated in many cases where the child complains with every attack of coughing of pains in the abdomen.

Belladonna and *Hyoscyamus* give us good service in nocturnal attacks of coughing, and they should especially be given when the patient feels the cough coming, and this ends with repeated sneezing.

Kali carb. is preferred by Boëninghausen, when we notice a swelling of the upper eyelid, when the cough sets in after midnight or at daybreak, and is accompanied with the vomiting of the food eaten the previous evening.

Ambra grisea should be considered when there is frequent eructation, while *Tabacum* should be given when coughing is followed by frequent hiccuping.

Mephitis putorius is to be selected when the cough comes at regular intervals and is attended with vomiting, hoarseness and a slightly higher temperature.

Sulphur is indicated when the cough is of long continuation, and when the child in consequence becomes very weak and prostrated and there is diarrhoea.

In the third period the convulsive attacks of coughing have ceased, and in their stead only catarrhal symptoms remain behind, which may be removed by the use of *Tartarus emeticus* and of *Kermes*, when the expectoration is discharged with difficulty; but when the expectoration is more loose we use *Pulsatilla*.

When whooping cough is treated with the remedies which exactly correspond with the symptoms of the patient no complications will usually be found. But even when the Homeopathic physician is only called in when these complications have already developed our remedies even then promise the best results.

CANCER.

"The increase in cancer is alarming, having arisen from 2,203 per 100,000 to 2,873, an increase of 634. A few remarks about cancer may be pertinent. Probably the testimony of the best living pathologists is decidedly against attributing it to a microbic origin. However, there are those who believe it is in some way communicable, but those who propose this theory do so only tentatively. Whatever be the predisposing and determining causes, statistics indicate that cancer is rapidly on the increase all over the civilized world. The following facts are interesting and will help to impress the mind that there is at least one plague of the most fatal and loathsome sort that neither medical science, surgical art, prophylaxis or hygiene have bettered from destroying a greater number of victims every year for at least fifty years.

a. Of all neoplasms as cause death over eighty per cent. are cancers.

- b. Of all cancers over fifty per cent are in the digestive tract.
- c. Cancers of the digestive tract have increased out of proportion to all others.
- d. Cancer is rapidly on the increase now, especially cancers of the digestive tract.
- e. Cancer is being found more and more between puberty and thirty, whereas it was formerly supposed to be almost entirely a disease of advanced years, forty-five and over. From the city of Stuttgart, where accurate records have been kept in regard to cancer for a long time, the following report is made : '1. Increase of cancer in general. 2. Increase of cancer in proportion to other diseases. 3. Increase of cancer in the digestive tract compared with other organs. 4. The general increase in cancer is made up by the increase in that of the alimentary tract. 5. The increase was the greatest among males, relatively, especially so far as sarcoma was concerned. There were 1,005 deaths from cancer in the alimentary tract, and 382 from cancer in other organs ; an increase is shown of .27 per cent. in other organs to 449.8 per cent. in the alimentary tract. I appreciate that Stuttgart is not an American city, but what is true of that city is true of the civilized world.'—*IV. B. Hinsdale in University Homeopathic Observer (Ann Arbor, Mich.)*

And no one can deny that the "civilized" world only enforces vaccination, and the more vaccination, the more cancer and consumption.

—*Homeopathic Envoy.*

CONSTIPATION.

In travelling from Howrah station by the E. I. Railway, once I met a young man in the train with whom I was talking on various subjects. He seemed to me to be intelligent and well informed in all matters. In turning to the subject of medicine he asked me—"Doctor, how can I believe the curative virtue of homeopathic medicines, when there is no

purgative and no cure for such ordinary disease as constipation? Is there anything so called?"

I told him "To the first part of your query my answer is in the absolute negative and to the second part I can assure you a positive reply. There is no purgative in homeopathy but there is a certain and permanent cure of constipation in our system of medicine.

I explained to him that purgative is no cure for constipation. It is simply bringing on one disease for the cure of another. The remedy is worse than the disease. In curing constipation you bring on diarrhœa and make the patient worse. Besides it is not a cure. After the copious evacuations from purgatives, what happens next? The bowels are more obstinately constipated. It must be followed by another purgative and then diarrhœa sets in. Or it has become a habit.

This is no cure. In homeopathy we have very efficacious remedy to combat this nasty condition of the body.

Constipation means impaction of fecal matter in the intestinal canal or scanty or deficient fecal evacuation. It is simply a symptom of many diseases or a diseased condition itself. Movements of the bowels are either infrequent or unnatural.

Causation—Constipation is due to a variety of causes. Some of them are mechanical in their nature, as for instance, pressure of tumor or foreign bodies upon the intestinal canal, retroverted or enlarged uterus, inflammatory conditions of some portion of the gut, enlargement of the prostate glands and so forth.

Atonic condition of the colon and rectum is a frequent cause of constipation. Sometimes it is due to certain mental conditions. Carelessness in attending promptly to the calls of nature, sedentary habits, errors in food, morphia or opium, habits, all these combine to produce constipation.

Symptoms.—These may be arranged as either immediate or remote. Sometimes there appear no symptoms at all, the patient finds no difficulty or uneasiness whatever for days together.

Colic is the principal symptom frequently noticed under this disease. Inflammation of intestine is not an unusual thing in constipation.

Hemorrhoids or prolapsus of ani are often met with. They are generally the effects of overstraining at stools.

Remote effects are nervous irritation, mental disquietude poor circulation, headache, vertigo, anæmia and loss of flesh. Juices from fecal matter may be circulated with blood and apt to produce toxic condition of the system.

The tongue is generally coated, bad digestion, foul breath and general malaise. There is no appetite and heaviness of abdomen.

Treatment.—In the treatment of this disease, great care is necessary to ascertain the causes. When it is due to simple impaction of fecal matter, an enema or douche is all that is necessary to cure the disease. When it is the effect of pressure upon the intestinal canal, means for the removal of that are necessary. For instance, when hypertrophic uterus presses upon the colon to produce constipation, the diseased uterine organ must be brought into its natural condition. In this state simple relief may be brought about but permanent cure is impossible.

But chronic cases of constipation require judicious selection of homeopathic remedies. There are many remedies in our rich Materia medica that help us in bringing about a permanent cure. Though there are no immediate and copious watery evacuations of the bowels induced by drastic purgatives, still the cure is permanent and safe. Strict working out of symptoms in each case is an absolute necessity.

Among the numerous remedies we mention a few here which we always find practically useful.

Dr. Lilienthal says "To obtain immediate relief small quantities of glycerine may be injected daily into the rectum and the habit engendered to have a regular stool at a certain hour of the day, either after breakfast or before retiring to bed. We may also find indications for Sulphur, Hydrastis, Nux vom, Podophy, Opium &c., or for a mild Galvanic current, the negative electrode being passed all within the sphincter; Faradic currents are of use only to strengthen the abdominal muscles and to aid defecation."

We have no personal experience with these procedures, but when such an authority as Dr. Lilienthal finds it useful, it may fairly be given a trial. Our firm faith in the law of cure forbids us to go away from it and seek refuge in an uncertain path for a speedy cure.

Alumina—Torpor of the rectum is a keynote of this remedy. There is large accumulation of fecal matter in the colon and rectum but no ability to pass. *Even soft stools require straining.* Great difficulty in passing stool, perspiration breaks out and urine passes out by straining at stool. In travelling constipation takes place. Constipation from lead poisoning finds its antidote in Alumina. It is more suitable to old people and young children.

Bryonia—There is no desire for stools for days together. This is characteristic. Stools hard, black, too large in size from dryness of the intestine. Inactivity of the rectum and inertia of liver. Disposition to headache

Calcaria Carb—Stools dry and knotty, no urging for stools. First parts of stools are hard but latter parts thin and fluid with sour or fetid smell. More adapted to young children and flabby persons. Feels best when constipated.

Graphites—for atonic dyspepsia and constipation. Stools

hard and knetty like sheep's dung or these knots are united by threads of mucus. Dryness of the mucous membrane of rectum. Piles with various fissures of anus caused by passage of large stools. Herpetic constitution.

Hydrastis—Sensation, bowels would move but only wind passes. No desire for stools. After abuse of cathartics and in persons of sedentary life where *Nux V.* fails.

Lycopodium—abdominal plethora with constipation of elderly persons and higher classes of people. Desire for stools but nothing comes out. Much accumulation of flatulence. Headache and torpid state of the urine accompanied with brick dust sediment in urine.

Natrum mur.—Obstinate constipation with trouble from perspiration with slightest movement.—Hard and dry stools, difficult expulsion passing the anus.

Nux vom—One of the best remedies for constipation. *Frequent and ineffectual desire for stool* is the characteristic. Large, hard and difficult stools. Piles and disorder of liver. Useful after the use of much cathartic medicine, sedentary disposition, mind irritated and suspicious.

Opium—Habitual constipation of long standing. Stools are black and hard balls. No desire or no inconvenience. If the patient is an opium-eater try a higher potency with infrequent repetition.

Plumbum—Conglomeration of feces in large balls causing obstruction. Balls like sheep's dung. Obstinate constipation. *Fessura ani*. No flatûs passed.

Sepia—Constipation of females. Small hard balls of black color. Ineffectual urging. Prolapsus during stool. Constipation of pregnancy.

Silicea—Stools when partly passed, recedes into rectum. This is a Keynote. Even a soft stool passed with much difficulty. Large hard balls.

Sulphur—Habitual constipation. Piles and hypochondria. Hard insufficient and difficult stool.

There are many other remedies that are useful in cases of constipation. A good repertory should be consulted to find out a true *similimum*.

About the dose, higher potencies with long intervals are necessary. A little patience is required to effect a complete cure. In urgent cases mechanical expulsion is to be resorted to.

Diet must be regulated. Meat is not good. Plenty of vegetables and fruits is good. Regular time for going to stool must be enjoined.

P. C. MAJUMDAR, M. D.

HOW TO DIFFERENTIATE THE FEVER SYMPTOMS OF ARSENIC AND MERC. SOL.

Arsenic.

(1) Time—All periods, mostly afternoon, paroxysm 1 to 2 P. M., 12 to 2 A. M. Anticipates, one hour every other day.

(2) Type—Quotidian, tertian, quartan, all sorts of fever.

(3) Aggravation—After midnight; from cold, cold drinks or food, lying on the affected side.

(4) Amelioration—From heat in general. Arsenic is aggra-

Merc. Sol.

(1) Time—All periods, mostly midday 12 A. M. to 1 P. M., evening, Anticipates occasionally.

(2) Type—Periodicity not marked.

(3) Aggravation—At night, wet, damp, cool air, cold, damp nights, uncovering, lying on the right side.

(4) Amelioration—In open air, active motion, during

vated by rest in bed, but relieved by heat of bed.

(5) Prodrome — Sleepiness night before paroxysm, yawning, stretching, malaise, debility ; weakness, headache ; great weariness and inclination to lie down, slight creepings over the back after drinking.

(6) Chill stage—Chill stage is not marked, simultaneously or alternating with heat, mingling of heat and chilliness ; chill stage is generally without thirst ; generally little if any, thirst during chill ; if thirsty frequent drinking but little at a time but drinking increases the chilliness and causes shuddering ; nausea, vomiting. Internal chill with external heat and red cheeks. [H. N. Guernsey says, "If there be thirst during chill except for hot drinks, do not give Arsenic".]

(7) Hot stage—The hot stage of the fever is intense, long lasting, dry, burning with inclination to uncover, and in-

work ; mercury is aggravated by heat of bed, but relieved by rest in bed.

(5) Prodrome—No such symptoms were observed.

(6) Chill stage—Chill stage is without thirst, chill in the morning when rising ; more generally in the evening after lying down or in bed at nights, chilliness on going into the open air ; chilliness all over with ice—cold hands and feet ; sensation in soles of feet as if put in cold water ; simultaneously with burning in them.

(7) Hot stage—Heat with thirst ; alternate sensation of heat and chilliness. Heat in bed ; Aversion to uncover.

satiabile thirst for cold water, drinks little and often with vomiting after drinking. Several times, oppressed breathing, great restlessness.

(8) Sweat—Cold clammy sweat during night with unquenchable thirst for large quantities of cold water which causes vomiting. Sweat with thirst coming on several hours after the heat or what is oftener the case, there is no sweat at all, the dry heat continuing all night. After the paroxysm with or without sweat great weakness and prostration. There is more headache than in the hot stage.

(9) Tongue—Sides furred with red streak down the middle and red tip, yellowish white, brown; water tastes bitter, desire for acids and brandy; aversion to food.

(10) Pulse—Weak, small and easily compressible, very frequent in morning and slower at night.

(11) Apyrexia—Never clear of symptoms, great weakness and prostration; pale sunken

(8) Sweat — Profuse sweat on every motion, profuse sweat at night and same in the morning.

(9) Tongue—Tongue coated white and yellow. Constant salivation.

(10) Pulse—Pulse is not marked generally weak.

(11) Apyrexia—Great weakness trembling from least exertion; vertigo when sitting

face ; watery diarrhœic stools down ; gums inflamed and which are very debilitating, painful, thick salty saliva ; abdomen bloated, constant inclination to lie down. throat sore, painful when swallowing.

HOW TO DIFFERENTIATE THE FEVER SYMPTOMS OF APIS AND PULSATILLA.

Apis Mel.

(1) Time,—3 P. M. and to 4 P. M.

(2) Type.—Quotidian or double Quotidian, Tertian, most common ; congestive.

(3) Aggravation—After sleeping ; closed, especially warm or heated rooms are intolerable. Worse from getting wet through but better from washing or moistening the part in cold water.

(4) Amelioration — Open air, cold water, cold bathing, uncovering.

(5) Prodrome — Sudden vomiting.

Pulsatilla.

(1) Time—I, 8, and 11 A. M. 1 and 4 P. M. Afternoon and evening. The 4 o'clock paroxysm predominates.

(2) Type—Every type, simple and double. Quotidian Tertian, Quartan, monthly every 14 days, irregular type, irregular stages.

(3) Aggravation — In warm closed room ; evening, lying on the left or painless side ; indigestible food, fats, ice cream.

(4) Amelioration—In open air. Lying on painful side, cold room ; eating cold things.

(5) Prodrome—Thirst, drowsy and sleepy all day with mucous diarrhœa ; nausea or vomiting of mucus ; if morn-

(6) Chill—Chill with thirst always, chill worse in a warm room, from external heat; cannot bear heat of stove; chill with cold feet and fingers, heat of face and hands and oppressed breathing. Falls into a deep sleep as the severity of the chill passes off, and breaks out with urticaria.

ing chill, diarrhoea, previous night without thirst.

(6) Chill—Cold chills all over; Chilliness all the time; feels cold even in a warm room, in the evening. Chill at 4 P. M. No thirst, vomiting of mucus when the chill comes on, anxiety, dyspnoea, fitting chilliness, spots now here, now there, worse in the evening. Cold hands and feet, they seem dead; hand and foot of one side cold and red; the other side hot, in the evening. The morning paroxysm at 8 A. M., has nausea, vomiting, headache, and vertigo; chilliness, heat and sweat intermingled or simultaneous, usually much thirst during entire attack. Evening paroxysm, violent chill, with external coldness without shivering or thirst; in the morning sensation of heat, as if sweat would break out, without thirst or external heat, though with hot hands and aversion to uncovering.

(7) Heat—Rarely with thirst,

(7) Heat—With thirst; an-

heat with inclination to uncover ; more or less violent headache, and generally a continuous deep sleep, chilliness on moving or uncovering during heat ; alternate dry and hot skin ; great oppression and burning in the chest. The heat of the room is intolerable. Sensation of heat through the whole body, especially on the chest, region of the stomach without heat of the skin.

xious heat as if dashed with hot water, intolerable burning heat at night in bed with uneasiness. He is, hot, wishes to be uncovered ; moans and groans, licks the lips, but does not drink. Fever, thirst at 2 P. M. followed by chill at 4 P. M. without thirst, with coldness of the face and hands ; after 3 hours heat of body, without thirst ; the skin was burning hot, but there was sweat only on the face. Next morning sweat over the whole body.

(8) Sweat—No thirst in the sweating stage. Sweating stage often absent ; sweat after trembling and fainting ; thin nettle-rash ; sleepiness. This stage is usually wanting and is characteristic of the Apis fever in old protracted cases. (Carroll Dunham.)

(8) Sweat—On one side, only on the left or only on the right side of the body ; sweat worse at night or in the morning, ceases when walking ; sweat all night with loquacity during stupefied slumber. •

(9) Tongue—Clean in old cases. In acute attacks dry, red, with a raw sore, painful tenderness ; does not care to talk or protrude it ; swelling and burning of lips during entire paroxysm. No appe-

(9) Tongue—Coated white or yellow and covered with a tenacious mucus, too large or too broad. Taste foul, of putrid meat ; disgusting and bitter. Desire for beer, sour and refreshing things. Aver-

tite or desire for food, craves milk which relieves.

(10) Apyrexia—Soreness and pain under ribs of left side, in the region of spleen ; great soreness of all the limbs and joints ; feet swollen ; urine scanty sleeplessness, urticaria and great debility.

(11) Pulse—Weak.

sion to fats, milk and bread.

(10) Apyrexia—Spleen enlarged and sensitive, constant chilliness during apyrexia ; headache, moist cough, painful oppression of the chest, sleepiness, loss of appetite, bitterness of the mouth, sour eructations, nausea, vomiting of mucus, diarrhœa. After abuse of quinine, with bitter taste of food, and clean tongue. Slightest derangement of the stomach will cause a relapse. Paroxysm of increasing severity and ever changing symptoms ; no two attacks alike.

(11) Pulse—Weak, small but accelerated.

D. R. DUTT.

A YEAR'S PLAGUE IN CALCUTTA.

INTERESTING STATISTICS.

THE RAT HUNT.

An interesting report on the plague in Calcutta for the year ending June 30th 1906, by Dr. Pearce, Health Officer to the Corporation, has just been published. In the covering letter of the Chairman of the Corporation to the Government of Bengal, Mr. Allen says :—

“The outbreak of 1905-06 was a very mild one, in comparison with the visitations of previous years ; the recrudescence of the

disease developed six weeks later than usual, and the death-roll numbered only 2,339 as compared with 7,011 in 1905, 4,506 in 1904 and 7,819 in 1903.

"Dr. Hossack's investigations into what is known as the rat theory of plague are interesting and original, and so far as they go they support the policy which has now been definitely adopted of rat extermination. Substantial progress was made for the first time with the destruction of rats, though the number accounted for bears, of course, an infinitesimal proportion to the rat population of the city.

"The reports do not refer to what is the most important matter under discussion in connection with plague administration in Calcutta. I refer to the proposal to amalgamate the Plague and Health Departments. The subject came before the Corporation upon the receipt of letter No. 188 M. P., dated 23rd February, 1905, from the Government of Bengal, and proposals have been laid before the Commissioners for the amalgamation of the two departments under one Health Officer, a portion of the money saved by abolishing the dual system now in force being devoted to improving the pay and prospects of the posts both of the Health Officer and of the District Health Officers. On the 14th March, 1906, the Corporation passed a resolution sanctioning the amalgamation of the two departments under the control of one Health Officer, but the Commissioners postponed consideration of the measures by which this amalgamation was to be effected. The difficulty in coming to a decision in this matter arises owing to the relations between the Commissioners and their Health Officer, Dr. Cook. The Commissioners have decided that Dr. Cook's services shall terminate in October, 1907, and that steps shall be taken to appoint a new Health Officer. It is felt that so sweeping a change as the amalgamation involves cannot be satisfactorily effected until the Commissioners have appointed a Health Officer in whom they will feel confidence. The postponement of this reform which may be expected to conduce to increased efficiency as well as to economy is a matter for regret.

"Dr. Pearse and his Medical Officers deserve credit for a year's

successful work. Dr. Hossack's investigations have already been mentioned, and Dr. Crake has also rendered useful services."

NEARLY 3000 DEATHS.

The following is a summary of the statistics contained in the report. The half year which ended 31st December, 1905 may be considered as the "quiescent" period, and the half-year which ended 30th June 1906 as the "active" or "outbreak" period.

For the whole year there were 2,898 cases reported with 2,716 deaths—a case mortality of 93·7 per cent. For the "quiescent" period there were 384 cases with 375 deaths—a case mortality of 97·6 per cent. For the "active" period there were 2,514 cases with 2,341 deaths—a case mortality of 93·1 per cent. The month of April showed the greatest extent of the disease, there being in that month 1,016 cases. The week ending 7th April showed the highest number of cases for any one week, there being 317 cases with 301 deaths. The worst day of the outbreak was 31st March, when 55 cases with 47 deaths were reported.

PLAGUE MONTH BY MONTH FROM JULY TO JUNE.

Months.	Cases.	Deaths.	Months.	Cases.	Deaths.
1905.			1906.		
July	... 54	50	January	... 122	118
August	... 47	47	February	... 149	133
September	... 65	63	March	... 757	658
October	... 32	26	April	... 1,016	971
November	... 36	36	May	... 324	310
December	... 90	36	June	... 144	149
	374	361		2,512	2,339

RATS AND INOCULATION.

In regard to measures for dealing with plague it is interesting to note that in August 1905 Plague Regulation E came into force and restored amongst other things the power to demolish infected huts. This power, however, is found to be of little value, because the

legal interpretation of the term "Adequate Compensation" is so liberal that the cost of carrying out the rule is almost prohibitive. Another new rule relating to the provision of Plague Hospitals has not been utilized, and for the same reason that the cost is so considerable. Additional powers were given for dealing with rat-infested premises, but it has not been found necessary to exercise compulsion. The total number of rats destroyed during the year, so far as the Plague Department is concerned, was 66,622. Originally there was a reward for bringing dead rats to the stations, but in consequence of the discovery that a considerable portion of the dead rats brought in during October were those which had been picked up by the conservancy coolies from the streets, these rewards were discontinued. The reward for live rats was increased on December 1st to two annas. This liberal reward as the report calls it, proved a marked inducement, but in April the reward was again reduced to one anna with the result that there was a great falling off, and though the two anna reward was restored "the check to rat-catching seems never to have been recovered from." It is not claimed, although about 100,000 dead rats were accounted for altogether, that there is any appreciable result on the apparent rat population.

Great efforts were made to induce people to come forward for inoculation and a reward of eight annas was offered to every Corporation employee undergoing the operation, while notices asserting that "the value of inoculation against plague is now firmly established" were widely distributed. All to no avail, however, or practically no avail, for only 101 persons were inoculated. One of them apparently, because he considered himself insured against infection promptly went in for rat-catching as a business and lived in an infected bustee. He caught plague and died and is the only case known among the inoculated, though a very striking one in its solitariness.

THE MESOKIA BENGALENSIS.

A long report on the question of plague infection by rats submitted by Dr. W. C. Hossack is appended. He has made a systematic

examination of all rats brought in and found four species :—the *Mus decumanus* (26 per cent), *Mesokia Bengalensis* (60 per cent) ; *Mus Rattus* (14 per cent), and *Mesokia Bandicota* (rare). The *Mesokia Bengalensis*, it seems has been left out of calculation hitherto in discussing the *Mus Rattus* theory of plague, but according to Dr. Hossack, he is the rat most intimately concerned with the propagation of plague in Calcutta. He is a remarkable rodent. —“Originally a grain-storing field rat, constructing extensive and complicated burrows, in Calcutta it has become markedly parasitic on man. It infests stables, out-houses, and all places where grain is stored, and causes serious damage to drains and the foundations of walls, as its burrows are so extensive and its powers of penetration so remarkable. It can riddle a solid brick-wall as if it were built of clay, and from one of their burrows I have seen a heap thrown out 6' x 4' x 6" consisting of earth, fragments of bricks and rubble.”

THE RAT FLEA THEORY.

As to the Rat Flea Theory Dr. Hossack says :—I am hardly yet prepared to accept in full the prevalent theory that the rat flea is the only link between the rat and man. That the flea is the link between rat and rat, and that rat plague is almost invariably the precursor of human plague has been proved beyond all doubt, thanks notably to the work of Liston amongst others, but that the fleas of rats dead from plague attack man with sufficient frequency, and succeed to account for all human plague seems to me to be a proposition on which much more evidence is wanted. Liston mentions one or two instances of plague subordinates getting bitten by fleas in plague-infected houses, and he quotes a similar occurrence in Sydney ; Browing Smith notes that houses evacuated and locked up on account of plague are often found, after a considerable lapse of time, swarming with fleas. (*Indian Medical Gazette*, July 1906), but considering all there has been written on plague, there is remarkably little direct evidence on the point. I am not alone in holding this view, as will be seen by an article in the plague number of the *Indian Medical Gazette*, dealing with the immunity of Calcutta.

—*Statesman*.

THE INDIAN HOMEOPATHIC REVIEW.

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[No. 3.

PRESIDENT'S ADDRESS.*

P. C. MAJUMDAR, M. D.

COLLEAGUES OF THE CALCUTTA HOMEOPATHIC SOCIETY
AND GENTLEMEN,

I thank you sincerely for the honor you have done in selecting me as the president of this society. I am fully conscious of my unfitness for the position thus conferred so very kindly by you. I have no choice but to accept the position. Though wanting in due qualification to fulfil the difficult task of the presidentship of such an august assembly, I must candidly tell you that I am not deficient in energy and zeal for the furtherance of this noble cause of advancement of homeopathy in this country. It is a pride and gratification to me to tell you that since the very outset of my career in my noble profession, as a disciple of that illustrious man, I always take a lively interest in all matters connected with the progress of homeopathy in my native country. If you look back upon the history of homeopathy in India, you will doubtless come across the fact, that the pioneer upholders of it ranked first among the non-medical gentlemen

* Read before the Calcutta Homeopathic Society.

of the community. Superstition and bigotry are prominent among the ranks of the dominant school of medicine. All honor is due therefore to Babu Rajendra Dutt, a rich citizen of this city who espoused the cause of homeopathy. He had an earnest co-adjuter in the person of that austere Frenchman, Dr. Berigny.

Excuse me, Gentlemen, I forgot to tell you the name of another ardent advocate of our cause before Dr. Berigny came into the arena and that was Dr. Fabre Tonnair. He did a good deal towards the advancement of the new school of medicine. Then came our illustrious countryman Dr. Mohendra Lal Sircar. By his conversion, you are aware genuine and abiding interest was taken to plant the banner of homeopathy in the fertile soil of India. This was indeed a noble day and it vouchsafed Providence to provide the people of India with a boon of great deliverance. Then came, Gentlemen, that noble, unostentatious saint-like personage Dr. Behari Lal Bhaduri. In fact it was through his exertion that homeopathy gained a lasting footing in our country. It was he who infused into the minds of all our people the truth of the new system of medicine. By his practical cures of many inveterate cases of ailments he gained a reputation as a most successful physician of our rank,

The name of that renowned physician of our rank in this city is very well known to many of you. I mean our colleague and friend Dr. Brajendra Nath Banerji. He came down from Allahabad and practised here for a few years. We all deplore his untimely death. He was a strong supporter of all that we have been engaged in lately for the advancement of homeopathy in this city.

Dr. Bipin Behari Maitra was a faithful disciple of our master and did a good deal for our cause. He was a vast read man, simple and unostentatious in his behaviour.

Only last year we lost another physician of great experience in the person of Dr. Huro Nath Roy. He was elected, as you are aware, as the presiding officer of our society but he was not spared to sit on the chair.

Another layman, Dr. Lokenath Maitra, who espoused our cause long before many of us, did yeoman's service in homoeopathy, in the N. W. Provinces of India. He was a reputed homoeopathic physician of Benares where he founded the Ironside Homeopathic hospital in that city. A few years before his death he came down to Calcutta and practised for a short time. He was a very enthusiastic and energetic member of our profession.

We remember the name of Dr. Jagadish Lahiri with pride and sorrow. He had done much but died early.

Gentlemen, these veterans of our school have gone to their rest but they have done much for the propagation of homoeopathy in this land of ours. I mention these facts simply as reminiscences of olden days. Now I beg to lay before you the salient points of our system of medicine.

LAW OF SIMILARS.

Before Hahnemann's time medical science was in a chaotic state. Though in ancient time in India and long before Hahnemann's time *the law of similars* was faintly known to some gifted men, yet it was reserved for that great man to discover this immutable law of nature and put it in actual practice. I need not deal at great length how this natural law flashed into the mind of Hahnemann. You are aware, gentlemen, that while translating Cullen's *Materia Medica* he found that cinchona has the power of producing fever. This led to the discovery of the law of *similia similibus curantur*, as the falling of apple from a tree led Newton to discover the law of gravitation.

There are some sceptics in our own rank who, I am sorry to say, disbelieve this law of cure and yet acknowledge the practical value of homoeopathic treatment. This is purely absurd. If you don't believe this law to be certain and immutable law of cure, you will be enveloped in utter darkness and the selection of drugs will be as uncertain as before. The law *similia similibus* will certainly be unchanged but its applications may be varied.

This law of cure therefore is our sheet anchor in cases of difficulty, and may be considered as a mariner's compass in deep and endless ocean. This law was first enunciated by Hahnemann and put to practical and crucial test by him. It is very simple and can be tested by any unbiassed scientific observer.

If a person takes any medicinal substance in healthy body a certain train of symptoms makes its appearance in that man. Note these symptoms in particular and if in a diseased condition these very symptoms appear and if you give the same medicine, you will cure your patient. There is no uncertainty in these proceedings. In one hand you have the symptoms in health and in another the diseased symptoms and you will get the remedy at hand for the cure.

MINIMUM DOSE.

When we have selected our remedy by this method of procedure, our next duty will be to give it in minute doses. You may notice at once here that if the dose is large you are liable to make an increase of the symptoms. So it is your duty to regulate your quantity of medicine to such an extent that a certain cure is only effected and no aggravation of the existing condition. Of course it is very difficult to know beforehand what quantity of the medicine would produce an aggravation. That depends upon the practical ex-

perience of the physician. In his earlier practice Hahnemann used the undiluted medicinal substance but his subsequent experience taught him to dilute the medicine.

It is a curious fact that this dilution affair evolved before the sagacious mind of Hahnemann another truth, that by the process of preparing medicine according to Hahnemann's method a power is developed in such a drug. This process he called "dynamization". It is simply the development of medicinal virtues of a substance by minute subdivision and succussion. It is a real fact.

It is by this process of dynamization that such inert substances as Silica, Lycopod, and such similar bodies become such powerful remedies. The theory of dynamization is not a vain speculation, a chimerical assertion of some eccentric person but it is a real fact. Recent development of scientific researches conclusively proved that diminution of volume does not necessarily follow the loss or diminution of power. On the contrary by separating the adhesive quality of a substance, its potency or power is increased.

So, Gentlemen, there is no truth in saying that by diluting a medicine its power is lost. The process of making homeopathic remedies as dictated by Hahnemann gives more power or potency to that medicinal substance. It is for this reason that Hahnemannian dilutions are generally designated as potency and not attenuation or dilution. If you don't believe in the process of dynamization, you believe only in the skeleton of homeopathy and not its flesh and blood.

SINGLE REMEDY.

The next point I would allude to is the single remedy. Cullen lived in the age of polypharmacy but still he advocated the employment of single remedies. In 1796 in referring to this subject of simplicity in prescribing, Hahnemann says

"The habit still prevails in medicine of mixing together several different medicines. How was it possible, he asks" "to differentiate the powers of different medicines?" Our master's advice therefore was to use single remedy and not to mix several drugs in our prescription. This practice of polypharmacy is the bane of medical science and should, in no way, be encouraged.

These are the cardinal tenets of homeopathy and I beg to recapitulate them here. I rejoice to say that here in India we are more or less strong believers in these doctrines.

I. First of all is the law of similars, the guiding law for the selection of medicine—'*Similia similibus curantur.*'

II. Minute dose of our remedies and

III. Single remedy and no mixing up of drugs.

In selecting our remedies as therapeutic agents, we are to institute the proving of these remedies on the healthy, human subject. Records of these symptoms thus elicited constitute our materia medica. No experiments on lower animals and on sick persons are reliable for our purpose.

Thus reviewing briefly the fundamental principles of Homeopathy I crave your indulgence, Gentlemen, to say a few words on what is our duty to the cause.

In this field we must not rank ourselves as practitioners of medicine, giving ourselves up solely to earn money and spend it for our comforts and happiness. But we must consider ourselves a little more than that. By taking up the cause of the new system of medicine we willingly take in our head the duty of a full-fledged missionary's work. If we in any way neglect this duty, we are surely responsible before the tribunals of God and man.

And first of all, it is our duty to see that we are the true followers of our master, that we practise homeopathy pure and simple. There are black sheeps in every branch of

business and so we have among our system of medical practice. They mix homeopathy with allopathy or *vice versa*. This is indeed a bad practice. We should not indulge in that kind of things. In the name of catholicity and advanced scientific truth seeking these people pretend to practise that which is neither advanced of the age nor scientific in nature. So, Gentlemen, I entreat you not to be led away by this snare and fascination. Go on practising the true healing art as enunciated by Hahnemann and you will be crowned with success. Look at the success of the master himself with his ardent followers as Boenninghausen, Jahr, Hering, Lippe, Wells, Wesselhoeft, Allen, Skinner, Beridge, Clarke and a host of others in the west and Berigny, Sircar, Salzar, Bhaduri, Banerjee and others in this country. How successful were they ! They always practised sound homœopathy.

Another duty we have is to exert our utmost for the propagation of homœopathy in this country. For this cause we must all combine and do our best. Don't be content with your own aggrandisement. Try to spread the knowledge of this among all our people. There is need of homeopathy in this country. Notice that other parts of this vast country are in the dark. We are only a few in Bengal, but Madras, Bombay, North Western India have none at all.

In Brighton I met our late lamented Dr. Hughes and he asked me to send some body to Madras and Bombay. He narrated the case of his daughter who is the wife of a Madras Civilian. His daughter got typhoid fever there and it became very serious. He enquired and learned that there was no homeopath there, so he was about to wire me to go there and to treat his daughter but fortunately she got well. As we have got the best fruit of the discovery and practice of homœopathy from our illustrious master, it is our bounden duty to let our fellow countrymen in different parts of India

enjoy the delicious taste of that fruit. In the preface of his *Materia Medica Pura* while dwelling on the proving of drugs Hahnemann says "that man is far from being animated with the true spirit of the homeopathic system, is no true disciple of this beneficent doctrine, who makes the slightest objection to institute on himself careful experiments for the investigation of the peculiar effects of the medicine which have remained unknown for 2500 years." In this way our master enjoins us to do every thing for the cause of homeopathy.

We have many things to do for the improvement of the status of homeopathy in India. A regular college or institution for the teaching of homeopathic doctrines, a well equipped homeopathic hospital for the treatment of the sick and also for the practical clinical teaching of our students, are absolutely necessary. I regret to say that though attempts are being made from time to time, nothing has yet been done. This is astonishing and I have to allude to it with a heavy heart, that many of our rank have thrown not only cold water on a recent attempt to establish a homeopathic hospital in this city, but positive opposition is thrown out in the way of its accomplishment. This is truly sad.

Much has been done of late and more is in progress towards the advancement of our cause in this country. There is not a shadow of doubt that we have advanced considerably a few years since. One effect of this progress is the foundation of our present society. Every member of it evinces a great interest in its growth and development and I doubt not in a few years it will be a marvellous power for good for the regeneration of homeopathy in this country.

Gentlemen, I don't like to tire your patience by narrating minutely every event in the progress of homeopathy here, suffice it to say that the interest in the welfare of the homeo-

pathic healing art is at heart of the greater bulk of the population of this part of our country. You may consider the fact that many of our energetic young men have crossed the ocean and gone over to the New World to study homeopathy more effectually there. I also rejoice to see that brilliant and largehearted graduates of our allopathic colleges have been converted to our cause and become strong and successful practitioners of homeopathy. These no doubt are signs of improvement. I again thank you, Gentlemen, for your patient hearing of my address this evening.

SAMPLES FROM MY CASE BOOK.

BY W. J. HAWKES, M. D., LOS ANGELES, CAL.

DYSPEPSIA.

Case No. 1—Bertha Harms, aged 15, has had dyspepsia for two years, has been much worse during the past two months. She complains of dizzy spells, with nausea and vomiting about one hour before meals. A tasteless, watery fluid is vomited always after meals. Complains of much rumbling in stomach and bowels; appetite fair; stools dry, hard and crumbling. She also complains of rheumatic pain beneath the knee of right leg; this pain is aggravated by motion, although it is worse while lying. Complains of bitter taste in the mouth in the morning; compares it to bad eggs; feels much better in every way while in the open air.

The diagnosis in this case is dyspepsia complicated with rheumatism; the remedy prescribed—*Bryonia*. Characteristics indicating the remedy are: the nature of the stools, bitter taste in the mouth, and rheumatic pain aggravated by motion.

Bryonia was prescribed December 4th; on the 12th she reported very much better; the pain under the knee had disappeared, the constipation was cured. December 18th the report was still improvement.

COUGH.

Case No. 2.—A man, aged 41, shoemaker by occupation, has had a cough and trouble with his chest for more than a year, coughs and raises a grayishwhite, sticky substance. His cough is worse from 4 to 8 P. M., and is accompanied by a pricking pain in the chest. This pain also disturbs him at night and between 2 and 3 A. M., and on rising in the morning. He has been steadily losing flesh during the past year and complains of a cold feeling between the shoulders: appetite fair, but at times a mouthful or two seems to fill him to the neck, giving a sense of satiety which prevents his eating a full meal. The urine deposits a sandy, white sediment; complains of pain in the renal region, which is aggravated if he is obliged to retain his urine after he has experienced a desire to void it. He complains of cold feet, especially the right foot, which is much colder than the left. All his troubles date from an attack of "la grippe" one year ago.

On January 8th *Lycopodium* was prescribed. The symptoms determining the selection of this remedy were: Period of aggravation from 4 to 8 P. M.; color of the sputa, grayish-white; sense of satiety on beginning to eat; pain in the renal region, aggravated by retaining the urine and relieved by passing it; sandy sediment in the urine, and one foot colder than the other.

January 15 he reported himself very much improved.

STOMACH TROUBLE.

Case No. 3.—Man aged, 58, complains of stomach trouble, which he says has existed for seven years. Pain in the stomach of a burning, pricking character, eased by pressure, except that he cannot bend forward on account of the pain. Complains also, of headache and dizziness, often as if he would fall. is very thirsty for cold water but if he drinks much of it his stomach is distressed and the water is thrown up. Does not sleep well; after sleeping two hours he wakes and is unable to go to sleep again; rises and walks about on account of a nervous restlessness which compels him to do so. Complains of chilliness in the back of the neck and between the shoul-

ders ; frequent urination , coughs in the early morning. Complaints of shortness of breath , when the cough attacks him he is obliged to sit up.

On January 8th *Arsenicum* was prescribed. The symptoms deciding its selection were : The burning sensation in the stomach ; thirst, with intolerance of cold water which was craved : restlessness at night, obliging him to get up and walk about ; chilliness between the shoulder blades, and difficulty of breathing, especially when lying.

On January 15th, and every succeeding week up to February 26th, he reported steady improvement. He received no medicine except three powders of the remedy given him on January 8th.

It will seem strange to those who do not understand the philosophy of the single dose, when I say, as the patient said, that he had improved more during the week from February 19th to 26th than during any previous week since receiving the medicine.

DYSPEPSIA AND CONSTIPATION.

Case No. 4.—Man, aged 28, has had dyspepsia and constipation for one and one-half years , has taken much of all kinds of drugs: He complains now especially of bad taste in the mouth in the morning, that he tastes his food four or five hours after eating a meal, and it then tastes as it did when eaten ; the stomach feels weak. Two hours after eating he experiences a feeling of heaviness in the stomach, with sour belching. Constipation is characterized by a desire for stool without the ability to accomplish anything. Does not sleep well during the latter part of the night ; awakening about 3 o'clock and lying awake or half asleep for hours, feeling unrefreshed when it is time to get up. Very low-spirited, and has lost his ambition. Hands and feet cold. He is cross and irritable.

On January 8th, *Nux vomica* was prescribed. The symptoms deciding the choice of this remedy were : The fact that he had taken large quantities of drugs ; heaviness in the stomach some hours after eating ; wakefulness and aggravation in the early morning hours ; cold hands and feet ; cross and irritable ; desire for stool without the ability to accomplish anything.

On January 15th reported better generally, and so continued to report weekly until February 5th, gaining as much in the last week as in the first or any other since beginning the medicine, although he had medicine only on his first visit.

INDIGESTION.

Case No. 5.—Young married woman, aged 19 years, has been greatly troubled with indigestion for six years, her family history is bad, some of her family having died of consumption, and in her mother of typhus fever. She now complains of distressing, heavy feeling in the stomach after eating, with sharp pains for two hours, after which she is very weak; also complains of pain in the left side, heavy feeling after eating, and sour belching; bowels regular, menses appear only once in six weeks, complains of pains in right ovarian region while menstruating, also of a bearing-down, distressing feeling in that locality during the two weeks she goes beyond her time; feet cold and dry day and night, tongue white and furred; gone feeling before eating, which is relieved by eating; red sediment in the urine; also complains of a shooting, during pain from around and below the gastric region up to the heart, which causes her great alarm and is so severe she has to hug herself to relieve it. She feels generally worse in the latter part of the afternoon and early evening.

On October 30th she received *Lycopodium*. The symptoms deciding the choice of this remedy were: The period of aggravation; red sand in the urine; shooting, pain from the gastric region up to and around the heart.

November 6th, she reported general improvement, there had been no cramps since, heavy feeling in the stomach not so severe, the sandy sediment had almost disappeared from the urine, the sharp pains in the region of heart about the same. *Sach. lac.* was prescribed. Report from week to week until December 4th was general improvement, except during the past few days. At this time three more powders of *Lycopodium* were given, and the report of improvement was continued weekly until January 8th, when the symp-

toms seemed to indicate *Sepia*, which was prescribed in the same manner as had been the *Lycopodium*. The report for the succeeding three weeks was of general improvement.—*From L'he Critique*.

THE SELECTION OF THE REMEDY.

E. A. TAYLOR, M. D.

How to select the indicated remedy is the great problem that confronts the homeopathic physician in the daily routine of his professional endeavour and upon the correct solution of this problem depends, in a great measure, the ability of the physician and the welfare of his patient. For while no reasonable person will decry the value and importance of hygiene and allied subjects, yet the fact remains that our friends of the other school who are masters of these measures and who utilize them to their fullest extent, still fall far short of the degree of success which attends careful homeopathic prescribing. In other words the *similimum* is the dominating factor in the cure of the patient without which we should do no better than the other school; hence the paramount importance of a thorough knowledge of all that pertains to this question of questions, how to select the indicated remedy. Yet strange to say, very little time or attention is given to the consideration of this vital problem in most of our societies and in some of our colleges.

There are some fundamental facts pertaining to this question which must be accepted and adhered to before we proceed to the consideration of our subject.

1st. *The practice of Homeopathy consists in the administration of medicine in accordance with the law of similars. Anything different is not Homeopathy no matter what the potency or who the practitioner.*

2nd. There are no specifics for diseases by name. Each case must be individualized not generalized.

3rd. The diagnosis can never serve as an indication for a remedy.

4th. Pathology, in the general acceptance of the term, is of little use as a means of selecting the curative remedy. The diagnosis and pathology of all cases of pneumonia are much the same. We must have something by which we can individualize not generalize. The diagnosis and pathology pertain to the disease (not the patient) and comprehend the cardinal features of all cases of that class. The remedy pertains to the individual—the patient—and depends for its selection upon the peculiarities of the particular case as distinguished from others of its class. Instead of being guided by the diagnosis in the selection of the remedy we must follow the opposite course and ask ourselves in each case what symptoms has this patient that sustain no essential relation to the diagnosis, for these are the ones that must indicate the remedy. The question in every case is, what is there to distinguish this case from other cases of the same disease? What symptoms has this patient that may not be present in other patients having the same diagnosis and pathology? In other words what are the distinctive symptoms, for these are the ones upon which we base our prescription and never upon the pathology or diagnosis.

In paragraph eighteen of the Organon, Hahnemann says: "It is then unquestionably true that besides the totality of symptoms it is impossible to discover any other manifestation by which diseases could express their need of relief. Hence it undeniably follows that the totality of symptoms observed in each individual case of disease, can be the only indication to guide us in the selection of a remedy."

This is Hahnemann's method, and it will hold good.

throughout the ages, not the diagnosis or the pathology, the dyscrasia or the phrenology, but "the totality of symptoms * * * the *only indication* to guide us in the selection of a remedy."

In paragraph 153 of the Organon, Hahnemann tells us how to utilize the totality and gives us an idea of the relative value of symptoms. He says: "The search for a homœopathic, specific remedy consists in the comparison of the totality of the symptoms of the natural disease with the lists of symptoms of our tested drugs, among which a morbid potency is to be found, corresponding in similitude with the disease to be cured. In making this comparison, the more prominent, uncommon and peculiar (characteristic) features of the case are especially, and almost exclusively, considered and noted, for these in particular should bear the closest similitude to the symptoms of the desired medicine, if that is to accomplish the cure. The more general and indefinite symptoms, such as want of appetite, headache, weakness, restless sleep, distress, etc., unless more clearly defined, deserve but little notice on account of their vagueness and also because generalities of this kind are common to every disease, and to almost every drug."

It is not enough to know that a patient has headache or insomnia. Before we can prescribe we must know what there is about it that distinguishes this case from other cases of headache or insomnia and these distinctive features (symptoms) are the guide to the remedy; i. e. we must find a medicine having these peculiar features to distinguish it from other medicines and this is the remedy to select—the curative remedy.

The indispensable prerequisite for the correct selection of the remedy is the proper taking of the case. How to do this is taught in the Organon beginning with paragraph 84

Briefly stated the method consists in a careful consideration of every part and function of the organism and making a record of every deviation from the normal state.

There are five things to be considered about a symptom viz : What is it ? Where is it ? When is it ? How is it ? With what is it associated ? We may not always get an answer to all of these but we can, in many cases, and in all cases we should have answers enough to enable us to individualize the case and select the *one* distinctive remedy. It is not enough to know that a patient has "fever" or even typhoid fever. That only classifies in a *general* way. We must get the particular symptoms which portray the individuality of this case and distinguish it from others of its class. And these *distinctive symptoms*—these guiding symptoms—are the ones that have no essential part in the diagnosis and pathology of the case. For example take two cases of sickness characterized by fever of a slow and gradual onset, enlarged spleen, rose spots on abdomen, pea-soup diarrhoea, step-ladder ascent of temperature, epistaxis, hebetude, and meteorism, and the diagnosis of typhoid fever is readily made. Yet we have not a single indication for a remedy for these symptoms are common to all cases of typhoid. We now look for symptoms that have nothing to do with the diagnosis and we find the first patient is exceedingly anxious about his condition, is very weak and prostrated but notwithstanding this exhaustion he is very restless and keeps moving and even wants to go from one bed to another or from one room to another but is unable to do so. He is very thirsty but drinks only a little each time and wants that little often. Although he has a temperature of 105 degree he will not be uncovered—remains covered during this burning fever and is always worse about one o'clock in the morning. The second patient with the same diagnosis and

the same *general* symptoms, has in addition his *particular distinctive* symptoms which characterize his case and hence are *characteristic* symptoms. Whereas the first patient had much thirst of a peculiar kind, this second patient is not thirsty and will not drink for hours and this notwithstanding his high fever. And while the first patient will not be uncovered during the fever the second wants to uncover, will throw the covers off or put their feet out from under the covers. The first patient is worse after midnight, the second before midnight and in his exhausted condition keeps sliding down in the bed, the nurse has to keep lifting him up on to the pillow. His pulse is more rapid in the evening while the pulse of the first patient is more rapid in the morning. The first patient needs Arsenicum and the second Muriatic acid, yet the diagnosis and pathology are the same in both cases.

It is not enough to say that one has headache. We must know *where* it aches, *when* it aches. i. e. what *time* in the day or night and under what *circumstances* as for instance how does heat or cold, light and dark, moving or keeping quiet, different kinds of weather, different positions of head or body, eating or drinking, noise, sleeping, perspiring, reading, talking, etc., affect the patient and modify the headache. We must know *how* it aches, what *kind* of a pain it is, whether it is a dull ache, sharp, shooting, stitching or cutting, throbbing or pressing or anything which gives character to the pain, hence makes it characteristic. We must also know with what it is *associated*—the *concomitant* symptoms—for the association and grouping of symptoms is one of the most important features in the selection of the remedy. The headache of Silicea is better from heat while that of Calcarea carb. is better from cold. The Sulphur headache is worse after eating while that of Sepia is better. Sang and Onos-

modium, both have frontal headache better, from sleep but there the similarity ends, for the Sanguinaria headache is on the right side, Onosmodium on the left. Sanguinaria is better from lying down and darkness while Onosmodium is worse from the same.

The headache of Iodium is a violent aching at base of occiput, worse in the evening, worse from heat and better from eating, while the headache of Nux vom. is also often in the occiput but is worse in the morning, better from heat and worse from eating,—just the opposite of Iodium.

What is true of headaches is true of any and all complaints ; every cause of sickness has its own peculiar features which serve to distinguish it from others—its distinctive symptoms—and this distinctive derangement may be found in the morbid manifestation of any organ or function. It may be in the symptom itself in the time or circumstance of an aggravation, or in the particular grouping or association of symptoms. For example a patient with typhoid fever lying in bed feels constantly as if his head and shoulders are too low—lower than his feet. Podophyllum is, we believe, the only remedy having this peculiar symptoms. Arsenicum and Secale are remedies for ulcers that are black and gangrenous. The former will be better from heat the latter worse.

Two pale anemic women may complain of indigestion with pain and pressure in the stomach. You learn that one craves acids and sour things, drinks much lemonade and sour drinks while the other loathes any thing sour. The first may need Secale and the second Ferrum. The time of day or night is an important factor too often overlooked or undervalued. The 1. A. M. aggravation of Arsenicum and the 4 to 8 p. m. aggravation of Lycopodium are as reliable, and important indications as the Materia Medica contains.

Sore throat with sticking stitching pains, coryza and hoarseness, means Nitric acid, while pressing through the whole head with catarrh and a stiff neck indicates Lachesis. The last two are examples of where a certain grouping of elements leads to the correct remedy.

We should not attempt to make the modalities take the place of the symptoms themselves, as is too frequently done, especially when such symptoms are at all distinctive. Many symptoms however are so general and indefinite as to be worthless without those qualifying adjectives of *Materia Medica*—the modalities.

After we have carefully considered every deviation from the normal state of the patient and compared the distinctive symptoms of the patient with the distinctive symptoms of the remedies, then, and only then, are we prepared to select the most similar remedy—the *similimum*. Thus does the purview of the morbid perspective become extended and amplified till no one who clearly comprehends the true art of healing will contend that the shape of a man's head, the color of his hair, or the pedigree of his parents, furnish the indispensable indications for the selection of a remedy. These whether good or bad are fixed and irrevocable. It is the morbid, the changed man in all the complexity of his present deviation—in the morbid manifestation of his dynamic derangement that must ever serve as the guide to the correct prescription.

The past history of the patient may or may not be a factor in the selection of the remedy. If the symptoms of the previous illness are in harmony with the present derangement they may serve to corroborate the conclusion which the present morbid perspective would indicate. But if the symptoms of the past illness are not in harmony with those of the present state their previous history will not

help in the selection of the remedy. In other words the previous history may confirm the present indications, but it cannot reject them, for disease is cured in reverse order of its coming, the last symptoms to appear will be the first to leave, hence the last symptoms are the most valuable indications in the selection of the remedy. For example a child has some skin disease with symptoms calling for Sulphur which he does not get but the eruption is suppressed by local treatment. His chronic state will for a time doubtless indicate Sulphur as his needed remedy, but later he contracts intermittent fever with symptoms calling for Natrum mur., instead of which he gets massive doses of quinine and other crude drugs to the detriment of his health, and finally in his impoverished and debilitated condition he contracts syphilis. Will some one tell us how knowledge of the previous history of the case at the time he needed Sulphur or of the later illness calling for Natrum mur. will help us to select the remedy for his present syphilitic condition with symptoms calling for Nitric acid? The previous history there would be useless as a guide to the remedy because the previous symptoms were at variance with those now present.

A delusion that has led many into devious paths in their effort to find the simillimum is the erroneous idea that Hahnemann intended the miasms to serve as a guide to the remedy. Hahnemann makes this point clear in many places in the Organon especially in paragraph 82 where he says: "The indispensable obligation of the homeopathic physician to carefully comprehend every discernible symptom and peculiarity of the case, for the purpose of forming an indication for each chronic disease, remains in force as it was before the discovery of psora, genuine cures of these or any other diseases are not to be accomplished without rigid special treatment (individualization) of each case."

Surely this language is clear and explicit and leaves no room for doubt in regard to what Hahnemann meant viz: that we must individualize each case by its *symptoms* and not by a miasm—a diagnosis. Hahnemann's method has stood the test of time. It is the only method that leads to certain success in the cure of the sick and it will never be displaced by any other, with those who know how to use it.

OBITUARY.

THOMAS SKINNER M. D.

We are grieved to learn from the English Journals that our veteran and old Dr. Skinner of London is no more. This melancholy event took place on the 11th October, 1906. The cause of his death was not due to any disease but from slipping on a banana skin and having a heavy fall. This is the cause of many fatal events and is a heavy fine on every one who drops banana skins and orange peels on side walks.

Our excellent friend Dr. Clarke of London had a paper in his Journal "the Homeopathic World" from which we collect the following facts about the life and works of Dr. Skinner.

The death of Dr. Thomas Skinner, briefly announced in our October issue, is an event of the first importance in the history of British Homeopathy, and terminates the earthly career of a most remarkable personality—a career marked by dramatic episodes and striking contrasts, but characterised throughout by the highest form of courage, unusual power and transparent honesty.

Thomas was born on August 11, 1825, at Salisbury Road, Newington, a suburb of Edinburgh. He was educated in Edinburgh, and after leaving school entered the office of a

business house, being destined for a commercial career. This did not at all suit Thomas Skinner, so in November, 1849, he entered on the study of medicine at the University of Edinburgh, and the Royal College of Surgeons of Edinburgh.

In 1853 Skinner obtained his first medical qualification, the Licentiatehip of the Royal College of Surgeons of Edinburgh, and four years later he became M. D. of the University of St. Andrews. In the session of 1851-52 Skinner obtained the gold medal of Sir James Y. Simpson's class at the University. In this he was bracketed with William Priestley, who afterwards became Sir William Priestley, and was accoucheur to many members of the Royal Family. Skinner's pre-eminence in the speciality of diseases of women and obstetrics singled him out for Simpson's notice, and Simpson took him into his own house as his private assistant, in which capacity Skinner remained for two years. Nothing that ever happened in after years shook Skinner's admiration and love for the first of his medical heroes; and it says no little for Simpson that such close intimacy between master and disciple should have increased rather than diminished the disciple's regard. It is not always those who are closest to great men who are best able to appreciate them. Before Skinner accepted the assistantship he sought the advice of a friend who also knew Simpson intimately, having filled the post before him. "Simpson," said the friend, "has a heart as big as a pumpkin—and the temper of the very devil!" Skinner thought that for the sake of the big heart he would risk the temper, and accordingly accepted the post. He not only never regretted the step—he always looked back with very peculiar satisfaction to that period of his life. *Apropos* of Simpson's temper it may not be out of place to relate an incident. Simpson had presided

over the birth of a scion of Scottish nobility at some distance from Edinburgh, and, on taking his leave, was presented by the proud father with the magnificent fee of five-and-twenty pounds in notes ! Simpson was so incensed by this meanness that he immediately handed the notes to the butler, as a tip, on quitting the house. In money matters Simpson was generous and careless in the extreme ; but he expected to be treated with fair recognition by those in a position to bestow it.

Skinner began his medical studies in November, 1849. About two-and-a-half years before that, Simpson had read his first paper on chloroform anæsthesia before the Medico-Chirurgical Society of Edinburgh (March 10, 1847). This paper was met with a storm of opposition from the profession but this was soon overcome, and in Skinner's day Simpson's triumph was complete. Skinner retained his enthusiasm for chloroform to the last ; indeed, he maintained that it is as harmless as milk. And so it was in his hands. His contribution to the anæsthetic epoch was the invention of the excellent and convenient inhaler known by his name ("Skinner's Mask") and drop-bottle, still in very general use.

Simpson undoubtedly obtained the largest share of his fame from his chloroform discovery, but according to Skinner it was not from this source that the bulk of his practice and income came. Dr. Skinner points out on p. 87 of his *Homeopathy* and *Gynecology* that the discovery of a condition which he terms "Morbus Simpsonii," and which Simpson describes as "Chronic Follicular Eruptive Inflammation of the Mucous Membrane, probably of the Colon," brought him a very large proportion of his practice. "Mucous Colitis" is the name it goes by at the present day, but according to Dr. Skinner it was Simpson who first clearly described it, and he treated it with a great deal of success. His chief

remedies were—*Arsenic Tar*, *Liquor Potassæ*, *Oxalate of Cerium*, *Aqua Tiliæ Europææ*, which will be recognised as being pretty well indicated from a homeopathic point of view.

Another point of importance which Skinner learned from Simpson was the value of giving one remedy at a time. It was through this method that Simpson came to have a much clearer insight into the remedies he used than did most of his allopathic contemporaries. One great indication of Simpson for the use of *Mercury* internally will be regarded as a good keynote by homeopaths—a muco-purulent discharge from any orifice.

I have gone somewhat at length into Skinner's relations with Simpson for a variety of reasons. In the first place it reflects much light on Skinner's character that he maintained such intimate relations with one who was undoubtedly among the greatest men of his century. In the next place it shows that though Simpson violently attacked homeopathy (of which more presently), and though Skinner took Simpson's side in the dispute, there was nevertheless much in Simpson's practice and teaching which prepared the way for the stand Skinner took later on.

We now come to the Simpson-Henderson controversy on homeopathy. Dr. William Henderson was a very distinguished professor of pathology in Edinburgh University, and contemporary with Simpson. Henderson had had the fair-mindedness to examine homeopathy with a sincere desire to know what there was in it, with the inevitable result that he found it true. With courage equal to his clearness of vision he publicly announced the conclusion to which his investigations had led him. In 1845 he published *An Enquiry into the Homeopathic Practice of Medicine*. This was a very sharp thorn in the flesh of his brother professors, and

in 1853 Sir James Simpson published a reply, entitled, "*Homeopathy : Its Tenets and Tendencies.*"

I will now let Dr. Skinner tell the story in his own words taken from the introductory part of the latter editions of his *Homeopathy and Gynecology*.

This not only contains an interesting bit of autobiography but it shows how Skinner stood with regard to "Hendersonian Homeopathy"—which I may point out, is identical with "Hughesian Homeopathy. Now that the old controversy has come to the front in a new and acute form, it is well that a phase in the history of the past should be made to throw as much light as may be upon it. Skinner was Simpson's prize-man the year before Simpson's onslaught on homeopathy saw the light, and two years after its appearance became his private assistant. He was thus, by force of the mental atmosphere of his surroundings, acutely antagonistic to Professor Henderson. When Skinner eventually embraced homeopathy, he emerged, like Minerva, fully equipped with Hahnemann's own armour, and was at most as acutely critical of Dr. Henderson from the Hahnemannian side as he had been from the Simpsonian side. From Simpson's point of view Henderson was too homeopathic. From the point of view of Skinner turned homeopath, Henderson was not homeopathic enough. The point is as important now as it was when Skinner first wrote of it. I will now give the extract and I would call especial attention to the exceedingly lucid description and criticism of "Hendersonian Homeopathy"—a form of homeopathy by no manner or means extinct at the present day :—

"As it may be interesting to many to learn the chief cause which led to my intolerance of homeopathy, I may state that I was born and educated at Edinburgh, and was a pupil of the late Professor Sir James Young Simpson,

Baronet. In 1851—52 I took his gold medal in Gynecology and Obstetrics, and in 1855—56, after being about three years in practice in Dumfriesshire, I became the private assistant of Sir James at his residence, 52, Queen-street, Edinburgh. Having been brought up from my youth to recognise in Sir James Simpson the leading medical light of the century, and having been in such close contact with him, I could scarcely escape becoming, as it were, impregnated with his views and bias as regards the great contest between the old school of medicine and homeopathy. So far as Sir James Simpson was capable of investigating the works of Hahnemann, he did investigate them in his own peculiar way—no quarter. He examined them only as a *litterateur* and a rival, never as a genuine truth-seeker or truth-lover ought to have done. He never tried the practice on the smallest scale, except to ridicule it. Besides, I do not think it possible for any man to teach himself homeopathy, any more than allopathy without a master. Indeed, homeopathy is infinitely the more difficult of the two. If every new truth or discovery were investigated in the manner in which Sir James investigated homeopathy, no other result could ensue but a wilful closing of our eyes to truth. If any one will peruse Sir James's *Homeopathy ; its Tenets and Tendencies* (Edin., 1853), he cannot fail to observe that the reigning passion in the author's mind is not the sober unbiassed investigation of truth, but a thorough determination to prove the discoverer of homeopathy not only as 'deceived, but next to insane and a deceiver, and his entire system nothing but the baseless fabric of a vision. Having a greatly exaggerated idea of the capability of Sir James Simpson for the investigation of medical science, and being for the time spell-bound by the greatness and power of his genius, which I fully acknowledge, I took his reply to Hahnemann and his works as

a complete settlement of the question. Sir James Simpson and Samuel Hahnemann are both in their graves, but not so homopathy, which is only commencing to bud and develop, for *magna est veritas et prevalebit*.

“ SIMPSON AND HENDERSON.

“ It may be well to remember that Sir James Simpson's criticism of homeopathy was written to a great extent in reply to one from the pen of his brother professor in the University, the late Dr. William Henderson, the title of which was, *An Enquiry into the Homeopathic Practice of Medicine* (Lond. and Edin., 1845). It is also well to remember that the interval between the appearance of Professor Henderson's work and the reply of Professor Simpson was seven or eight years, so that the latter had plenty of time to do the subject every justice, if justice were to be had at his hands. There can be no excuse for the errors and misrepresentations which are to be found throughout the two hundred and eightysix pages of Simpson's abuse of Hahnemann and Henderson. Professor Henderson lost no time in replying to Simpson, as in the same year he published his *Homeopathy Fairly Represented*, which was un-answerable as far as Simpson was capable of answering it, so he very wisely allowed it to remain unanswered. For purblind prejudice, I never read this reply of Henderson until 1874, twenty-one years after it first saw the light.

“ HENDERSONIAN—HOMEOPATHY.

“ With all my admiration of the late Professor Henderson as a pioneer of the new truth, as one of the gallant band which has hitherto in this country bravely stood the brunt of the battle, he was, nevertheless, in my estimation, not a true disciple or interpreter of Hahnemann, but held a dwarfed and disintegrated form of the Master's great discoveries, and

one which has done more to keep back their acceptance by the body of the profession than anything. He lost the true light when he *alternated* the remedy ; because, by doing so, he could learn really nothing of true genius or sphere of action of any one remedy. He adopted the *objective* or sensible signs of disease as the chief indication for the selection of the remedy, *which is not the teaching of Hahnemann*. He adopted as the only sound basis for the proper selection of the remedy the pathological condition which he had all his life been taught and accustomed to look upon as the *sine qua non* of sound scientific practice, which is condemned by the *Organon* of Hahnemann ; and he had the coolness to call his treatise '*Homeopathy "Fairly" Represented*.' By these false steps Henderson did great injury to the cause, and he and all his followers fell into the error of *treating disease by name instead of THEIR PATIENTS BY THE TOTALITY OF THEIR SYMPTOMS AND CONDITIONS*. Hence was developed the rage for *specifics* for bronchitis, pneumonia, cholera, croup, diabetes, diphtheria, and the like (homeopathy made easy), which is not the homeopathy of Hahnemann at all, however much it may resemble the genuine article, and however scientific it may be thought to be by mongrel practitioners and their patients. By these deviations from the truth, as discovered, held, and practised by Hahnemann and his true disciples, Henderson was forced and tied down to the use of allopathic doses of low potencies and mother tinctures ; to alternation of the remedy ; to the constant use of external and local applications and allopathic palliatives of every kind ; above which, hitherto, neither he nor his followers have been able to rise or do without. Hence the commonly received opinion at the present day, that high potencies are the weaker therapeutic power, and low potencies the greater ; whereas the true Hahnemannian knows and believes and

practises the reverse—that low potencies are what the term denotes in Hahnemannian language, the lower power, and high potencies the higher power—which is a further proof of the distortion of the truth as held and taught by the Hendersonian school of homeopathy.

"Hendersonian-homeopathy, which at present is all the fashion, is as different from that of Hahnemann as night is from day, and yet it is superior to allopathy, to which it is, unquestionably, closely allied.

"I would not have it thought that Hendersonian-homeopathy has been without its use. There can be no doubt whatever that it has greatly assisted in tracing the relation of certain medicines, in their action on the healthy body and mind, to certain diseases of more or less fixed symptoms and location, which is but a fraction of Hahnemann's system. The great misfortune is, that Henderson represented *the part* which he cultivated, and which he barely understood as *the whole*.

"In spite of Henderson's shortcomings, all true and generous-spirited Hahnemannians cannot but admire and respect his true genius and sincerity.

"It is almost unnecessary to add that I much prefer the homeopathy of Hahnemann to that of any interloper or would-be improver of his marvellous system, and I prefer to seek for directions how to practise it first-hand in Hahnemann's own works, where it is, thank Heaven, still to be found in its pristine purity. The true Hahnemannian revels yea, glories, in the name of Hahnemann and homeopathy. He has no desire to see the day when homeopathy and allopathy will be convertible terms—the two systems being diametrically opposed to each other when faithfully and honestly practised—yet, strange to say, there are men who may leave their 'footprints in the sands of time,' and who

have for years past fought the good fight against the old school of medicine, who have signified their willingness to cave in and sell their birthright, their honour, their all that they have so long fought for, the truth—if they ever possessed it—for a mess of porridge, the privilege to hobnob and fraternise with those whose system of practice they have so long and so justly opposed. I say to such men the the sooner they go over to allopathy the better for the homeopathy of the Master, or let us hear no more of their willingness to resign the honourable name of 'Homeopath,' or 'Homeopathician,' as our American cousins prefer to call themselves.

"THE ORGANON THE ONLY GUIDE

"Although I was misled by Sir James Simpson, I do not blame him in the least, he himself knew no better. No one has a right to blame another for leading him astray; we have no one to blame but ourselves. Let every man judge for himself—let him take nothing on the *ipse dixit* of any man: no, not of Hahnemann himself—but let him examine all things well by the light that is in him, and hold fast by that which seems good and true. Let every physician and student of medicine do as I have done—carefully peruse for himself the *Organon* of Hahnemann, his *Chronic Diseases*, and his *Materia Medica Pura* (they are to be had in English), and I warrant him that he will rise from the perusal a wiser man. Above all, after the perusal and study thereof let him see the practice of homeopathy in the hands of a master in the art, and he will be forced to exclaim—'Have I been all this time in so great, such dense darkness, mistaking darkness for light, and light for darkness?' The *Organon* of the master is the only safe and sure guide to the student of homeopathy.

"THE GREAT VALUE OF THE SINGLE REMEDY."

"In perusing the *Organon* of Hahnemann, Simpson picked up a great treasure—a golden rule in the successful and scientific cultivation of either school of medicine—and that was, *never to prescribe more than one medicine at a time and more particularly when testing or proving a medicine.* Any one who has seen much of Sir James's practice must have been struck with this peculiarity. I do not think it was his own idea, but a borrowed light—and a grand light it is ; and it would be well for both schools of medicine if this golden rule were more universally adopted. There are other sources from which Simpson may have obtained this practical guide in therapeutics, and I allude to it chiefly to show the great weight attached to it by at least three of the most remarkable minds which have ever adorned the study of medicine, namely, Cullen, Hahnemann, and Simpson. It is just possible that both Hahnemann and Simpson got the idea originally from Cullen, who in his published works wrote as follows :—"There is nothing I desire so much as that every disease we treat here should be a matter of experience to you ; so that you must not be surprised that I use ONLY ONE REMEDY when I mig't employ two or three, for in using a multiplicity I remain WHEN A CURE DOES SUCCEED, it is not easy to perceive which is the most effectual. I wish that you may always have some opportunity of judging with regard to their proper effects. It is a remarkable fact that Hahnemann first conceived of homeopathy whilst he was engaged in translating the works of Cullen into his native language, and it is more than probable that this very passage may have had a great deal to do with the foundation of his theory and practice of medicine."

M. L. JELOVITZ. M. D.

We are grieved to have to report the death of Dr. Jelovitz, an enthusiastic worker in the cause of homeopathy in this country. He had a considerable reputation in Bombay where he did much good to the poor. He was held in great esteem by the Parsee community. Lately he removed to Calcutta and began practising here. We all mourn his loss.

DR. BERNARD FRINCKE.

Our old and reverent friend Dr. Frincke is no more. He was a most enthusiastic worker and was an excessively high potency man. We can personally testify to the efficacy of some of his very high potencies. He was the inventor of a method of fluxion potencies, which he described in a paper written in English.

He died on 21st October 1906 at Brooklyn in his eighty sixth year.

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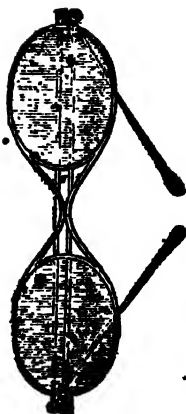
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THE INDIAN HOMEOPATHIC REVIEW.

A Monthly Journal of Homeopathy and
Collateral Sciences.

Vol. XVI.]

APRIL 15, 1907.

[No. 4.

HOMEOPATHIC SCHOOLS IN CALCUTTA.

Some twenty years ago it was our good fortune to have been the pioneer in opening a school of Homeopathy in this city, which we hoped would have a double effect. First it would cause the spread of homeopathy in this country and secondly it would mitigate the suffering of the great bulk of the people who are frequently too poor to be able to meet the demands of the *regulars* (?) of the country. While it is quite true that it has served both the purposes to a greater or less extent, we regret to find that it has had one bad effect for which we are truly sorry.

It is a great pleasure to us to find homeopaths in the remotest parts of the country and in many places even farmers and peasants now know that there is such a thing as homeopathy. It has also caused a wide-spread belief among the people that it is a very good system of treatment for cholera and other epidemic diseases. But at the same time it is a regrettable circumstance that the people are taking it into their heads that it is a very easy system of treatment and any body who can get hold of a copy of the many vernacular

therapeutics that have infested the market can become a doctor the next day. It is also a most significant fact that while the price of medicine is going up every day in Europe and America, it is becoming cheaper and cheaper in Calcutta. To this we would say to the public "beware of cheap drugs, for your life frequently depends on it."

Moreover at the beginning of our career our late venerable colleagues frequently abused us for having been the founder of irregular homeopathic schools, for at that time we were not able to give the students of these schools a thorough training in the rudimentary branches of the science of medicine. While we have strenuously striven to attain these ends, school after school has been established until at last to-day it threatens to make homeopathy a laughing stock in this city. It is a most difficult task to keep one good school going, and we wonder how four or five schools are being run in a city, where homeopathy has just established its claim as one of the systems of treatment in vogue. Students, particularly the wicked ones, find it a good thing to go about haggling from one school to another, some striving to get as cheap a homeopathic education as possible, while others try to get a diploma posthaste by paying a few rupees without any medical education or training whatever. The other day a most respectable gentleman of this city took us to task for having sold such a diploma to a relation of his, who had no medical education and in fact who never came to Calcutta for any medical training whatever. We were taken aback and we emphatically declared that such a thing was not possible, but we regret to have to say that we found later that this gentleman did possess a diploma from one of the schools of this city. But how he came by such a diploma is a wonder. Thank God we had nothing to do with this school. In conclusion we beg our colleagues

to be a little careful and not to sow the seeds of the ruination of homeopathy in this way. If we cannot mend our ways, let us close all the homeopathic schools, rather than keep up a farce of this kind. Let us for once, for the sake of homeopathy, wake up and do something to unite all the schools and have a good one in place of half a dozen rotten schools that are hastening the ruination of homeopathy in this country.

AN ERYSIPELAS CASE.

An elderly gentleman was attacked with an abscess on the arm that threatened to assume a very serious aspect. He had one attack of cellulitis of the upper arm with fever that was cured under judicious homeopathic treatment. But while convalescing from this attack, one day he took a long walk with the result that the inflammation came on with redoubled vigour and he had high fever with it. He said he took the indicated homeopathic remedy this time but to no effect and the inflammation began spreading. The whole arm became swollen, quite red and angry-looking. The fever continued with unabated vigour. Now as no reliable homeopath could be had at the place he was obliged to put himself under allopathic treatment. They prescribed the usual iron preparations with boric powder for external application. However, bad matter kept on getting worse and he became delirious and they all despaired of his life. Even the doctor gave a bad prognosis of the case. He said it was a case of erysipelas, that was extending upwards and, should it attack the scalp, the brain will be affected and there will be absolutely no hope, and so I was telegraphed to come and see him. But before I could get there his condition became so critical that a cousin of his, who knew some

thing about homeopathy, gave him two or three doses of Apis during the day. I arrived there in the night about 11 o'clock. From the history of the case it seemed to me that the Apis had acted somewhat and so I waited till the morning. But the next morning I noticed no change, and gave him one dose of Ars 200. This day the fever came at the usual hour but lasted only a very short time. The next day he had no fever, and from that day the progress was uninterrupted. I left the place leaving the patient on Placebo. But as the swelling was still very great and his family was afraid to leave him there, they brought him to Calcutta, to be able to keep him under our close observation.

When he came to Calcutta, he had a relapse of the fever due to the fatigue of the railway journey &c. But two doses of Rhustox 30 removed the fever completely, the swelling disappeared slowly and he is a perfectly hale and hearty man to-day.

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THE CURE OF CANCER.

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A REMARKABLE BOOK.

DR. JOHN SHAW's promised book on "The cure of Cancer, and How Surgery Blocks the Way," is quite as sensational as was anticipated, and it certainly loses none of its interest by the extraordinary line of action which has been taken by the General Medical Council with regard to Dr. Shaw.

It may be remembered that Dr. Shaw is at issue with the prevalent opinion of the profession as to the result of operating in cases of fibroid tumor; that, having found himself boycotted in the attempt to promulgate his views through the ordinary

professional channels, he embodied them in a book avowedly addressed to the lay public, and that he was called upon by the Royal College of Physicians, of which he was a member, to explain his conduct in publishing this book, the college being of opinion that an appeal to lay opinion was irregular conduct on the part of one of the members.

Dr. Shaw at once returned his diploma to the Royal College of Physicians and requested the Registrar of the General Medical Council to remove his name from the Medical Register, where it had been for 30 years, his object being to wage war in the cause which he had taken up with a free hand.

The present situation is a curious one, for apparently it does not rest with a registered practitioner to remove his name spontaneously from the Medical Register, and therefore there is the singular spectacle of a medical man striving to remove his name from the register, and baulked by the General Medical Council itself through its Executive Committee.

It is not easy to see the object of the Executive Committee, but *Truth*, with its usual outspokenness, has suggested that it was because it is desired, if possible, to expose Dr. Shaw to the slur of having been struck off the register compulsorily—a slur which would of course prejudice him in any attempts he might make to continue in practice.

DR. SHAW'S CONCLUSIONS.

It is Dr. Shaw's object in his present book to prove that cancer is curable without operations and even in spite of it, and that operation (Dr. Shaw does not mince words), so far from being the only cure of cancer, is very frequently the cause. The conclusions according to Dr. Shaw, arrived at in the book, may be summed up in the following statements :

(1) The evidence of the curability of cancer without operation (even after malignancy of the cancer has been "excited and stimulated by operative interference") is simply overwhelming.

(2) The increased frequency of operations during the last ten years, the earlier date at which they are undertaken, their wider extent and greater thoroughness, although accompanied by a greatly decreased primary mortality, have resulted in the annual increment of mortality from cancer of the breast, per million women living, 35 years of age and upwards, in the period 1898 to 1901, amounting to about thrice that which ruled in the periods 1868 to 1888, or 1881 to 1898; whilst the annual increment from 1901 to 1904 is actually more than nine times that prevailing during the period of least operative activity.

A STARTLING PROPOSITION.

In other words if it were possible for the increment of mortality to increase in the same geometric ratio "as has characterised the two triennia of 'improved' operative conditions, by the year 1930 the entire female population, 35 years and upwards, would die of cancer of the breast."

As to how the "partnership between surgery and 'cancer research' blocks the way to cancer-cure," Dr. Shaw has these very forcible things to say :—

"Surgery blocks the way to the cure of cancer because, ghastly remedy that it is, cancer research in this country is almost entirely controlled by the surgical oligarchy, who protest as loudly, and as strongly, and as publicly as possible, against the growing tendency to record isolated cases of the alleged cure of patients suffering from cancer—by non-operative measures.

"Surgery blocks the way to cancer-cure, because, as at present organised, she constitutes a powerful oligarchical corporation whose interests are opposed—absolutely opposed—to the cure of cancer by other than operative methods." "Their financial interests," he also says, are "opposed to the cure of cancer."

—The Statesman.

DOCTORS AND ALCOHOL.

THE "LANCET" MANIFESTO.

A GREAT controversy is raging round the "expression of opinion" concerning alcohol and alcoholic beverages recently published by the *Lancet*. The signatories to the document are well-known members of the profession, and it may be as well to repeat the statement which they make, and which is as follows :

"Recognising that, in prescribing alcohol, the requirements of the individual must be the governing rule, we are convinced of the correctness of the opinion so long and generally held, that in disease alcohol is a rapid and trustworthy restorative. In many cases it may be truly described as life-preserving, owing to its power to sustain cardiac and nervous energy, while protecting the wasting nitrogenous tissues.

"As an article of diet we hold that the universal belief of civilised mankind, that the moderate use of alcoholic beverages is for adults, usually beneficial, is amply justified.

"We deplore the evils arising from the abuse of alcoholic beverages. But it is obvious that there is nothing, however beneficial, which does not by excess become injurious."

- Several leaders in the medical profession have denounced the manifesto.

Dr. Sims Woodhead, Professor of Pathology at Cambridge University, disagrees entirely with the medical manifesto in favour of alcohol. He says he has great respect for the opinions of those who signed the manifesto, and says they have a perfect right to speak for themselves, but he added "I should like to point out they are dealing with matters of opinion and not matters of fact and they are scarcely justified in speaking for those who have not signed the statement. Of course, if these gentlemen are convinced of the efficacy of alcohol in the directions mentioned, they are bound

to say so and act up to their convictions ; but they must bring forward more evidence than use and wont or tradition.

"As regards the beneficial effect of alcohol in the case of healthy adults I am very sceptical indeed, and all the general statements in the world will never convince me that the good effects of alcohol can amount to one-tenth, or any reasonable fraction, of the evil that results from its use. The exact food value of alcohol may be a matter of opinion, but the ills arising from the use of alcohol are so serious that they far outweigh any possible benefit."

A DANGEROUS DRUG.

Dr. Alfred Salter, the well known Bermondsey physician and member of the London County Council, examined in detail the position taken up by those medical men who regard their practice from the Temperance point of view.

"Our position," he said, "is that while alcohol is in some circumstances a very useful drug, it is also an extremely dangerous one, and must be classed with chloroform, strychnine, opium, arsenic and similar powerful agents. It is about as absurd to talk of its value as an article of diet as it would be to class opium under the same head. All modern scientific evidence points to the conclusion that the habitual use of alcohol in the strictest moderation is most injurious.

A very important point overlooked by the signatories to this manifesto is that bacteriological evidence is unanimously in favour of the view that alcohol, even the smallest doses, lowers the power of resistance of the tissues to invasion by micro-organism. That has been proved for anthrax, hydrophobia, diphtheria, tetanus and various other diseases. At the Pasteur Institute a warning is issued to all patients that they must abstain from alcohol while undergoing treatment, which otherwise the authorities will not guarantee to be successful.

THE PATH OF SAFETY.

Turning from the experimental side to that of experience, Dr. Salter instanced the progressive diminution in the use of diet.

"In all the great medical schools," he said, "not only in this country but abroad, alcohol is not habitually used for the treatment of fevers and grave diseases to one tenth of the extent it was fifty years ago. That is not simply a change of fashion. It is the result of experience. The evidence of the life insurance societies is overwhelmingly in favour of the teetotaler as against the moderate drinker. Many insurance societies now actually offer a reduction of premium to the teetotaler. This is not because they are interested in teetotalism. It is simply a matter of business.

"With regard to the general question, the scientific Temperance man considers that the first effect of alcohol on the human system is exercised on the highest senses of the brain. Its manifestation is a reduction in the power of saying 'No,' and the effect of morphia and opium is exactly the same. Many eminent physicians, although themselves non-abstainers, have pointed out the dangers of the habitual use of alcohol even in the strictest moderation by persons of a neurotic temperament.

"It is almost impossible for any one to make quite sure that he is not one of those on whom alcohol will not act in exactly the same way as opium. The only path of safety therefore, is total abstinence. When the signatories to this document deplore the evils arising from abuse, they ought to remember that all abuse begins in use."

ALCOHOL AND THE BRAIN.

The causes of insanity formed the basis of Dr. G. H. Savage's third lecture before the Royal College of Physicians. Alcoholic excess, he said, had long been considered to be one of the most powerful causes of insanity, and any increase among the insane was looked upon as depending upon such self-indulgence. England however, was much more temperate than it used to be; yet there had been no decrease among the insane. Instead, there was a fairly steady increase. As a physician he was much struck by the large numbers of teetotalers by whom he was consulted. This did not prove that such persons were unstable in consequence of the temperance, but it showed that teetotalism alone did not decrease insanity. He could not but suppress his opinion that the tendency

to late marriage in men, and the distaste of the mothers to nurse their children, had a potent influence in producing mental instability.

SIGNIFICANT HOSPITAL STATISTICS.

Judging by the great decrease in the consumption of alcohol in hospitals, the views of Sir Frederick Treves, Sir William Broadbent, Sir Victor Horaley and others which are strongly opposed to the general use of alcohol, seem to be those which are endorsed by the hospital staffs.

In the recently published report of the London Temperance Hospital a table was given showing a comparison between the alcoholic expenditure for patients in 1884 and 1904 in nineteen London general hospitals. The table is as follows :—

		1904		1884		Decrease—Increase +
		s	d	s	d.	per cent
Chearing Cross	...	1	9	3	4	475—
German —	—	3	4	4	5	246—
Great Northern	—	* 1	6	3	1	514—
Italian —	—	* 1	4	4	5	700—
King's College	—	1	3	2	9	546—
London —	—	* 1	9	3	1	433—
London Homeopathic		0	5	3	4	875—
Middlesex	—	1	6	4	3	647—
Metropolitan	—	3	1	1	0	739—
North-West	—	2	9	3	0	84—
Poplar —	—	* 1	11	1	6	277—
Royal Free	—	* 0	10	5	3	142—
Seamen's	—	3	4	5	5	385—
St Thomas's	—	* 1	6	5	9	739—
St Mary's	—	1	11	3	11	591—
St George's	—	* 1	11	4	9	397—
University College	—	* 1	3	2	7	516—
West London	—		5	3	2	55.3—
Westminster	—	* 2	10	2	0	416—
Average	—	35.7		72.2		54 —
		1.10.		40		

These figures are for 1903.

CHOLERA ASIATICA.

It is a specific infectious disease generally found to prevail in epidemics, but also occurring endemically in different parts of India, particularly in Calcutta and other places on the river Ganges. It is said to be caused by the comma bacillus of Koch. There can be little doubt that this disease is caused by a profound specific poison which acts with great virulence and rapidity, so much so that it has been known to prove fatal in a few hours. Musser has said that cholera is caused by the cholerine poison. True Asiatic cholera has been called by various names such as Epidemic, Asiatic, Asphyctic, Algid or Malignant cholera but it is generally and very truly known by the popular name Cholera Asiatica.

India is generally known to be the true home of cholera. That cholera existed in Bengal particularly in the neighbourhoods of Calcutta there is not a shadow of doubt. In ancient Sanskrit literature the elaborate description that is given of the disease *Bisuchica* (बिस्चिका) is nothing more nor less than that of cholera. All the modern writers of the disease agree in the view that this disease originally started from the east and thence spread everywhere along the lines of travel by sea and land over the whole world. It is positively known that cholera existed in the delta of the Ganges as early as the year 1609. That it prevailed in a great epidemic form throughout India in the year 1817 is a historic fact. Some people believe that cholera broke out in the military camps during the time of Warren Hastings. It is generally believed that it first made its appearance in Jessore whence it came to Calcutta and spread all over the country. It has also been known to have broken out in an epidemic form in China and other places in the far east. In 1821 it appeared in Muskut and other Arabian cities. In 1823 it extended into

Asia Minor and Russian Asia and it continued to advance steadily though slowly westwards, while at the same time fresh epidemics were appearing at intervals in India. It ravaged the northern and central parts of Europe and spread onwards to England appearing in Sunderland in October 1891 and in London in January 1832. (Encyclopædia Britannica). In America it seems to have made its first invasion in the year 1832 in which year it was brought in emigrant ships from Great Britain to Quebec. It travelled along the lines of traffic up the great Lakes and finally reached as far west as the military posts of the upper Mississippi. In the same year it entered the United States by way of New York. There were recurrences of the disease in 1835—36 In 1848 it entered the country through New Orleans and spread widely up the Mississippi valley and across the continent to California. In 1854 it was introduced by emigrant ships into New York and prevailed widely throughout the country In 1866—67 there were less severe epidemics. Although occasional cases have been brought by ships to America to the various quarantine stations the disease has not gained a foothold there since 1873.

That the disease existed in India from a very remote time is evident from the following :—

বিসৃচিকানিদানম্ ।

স্বচীতিবিষ গাজাণি ভূদন্ সন্নিষ্ঠেহ্নিলঃ ।
 বজ্রাজীর্ণেন সা নৈঋত্বিস্বচীতি নিগজ্ঞতে ॥
 ন তাঃ পরিমিতাকারো লভন্তে বিদিতাগমাঃ ।
 মৃত্যুস্তামজিতান্মানো লভন্তেহ্ন নঃপালুপাঃ ॥
 মুক্তাতিসারো বমথুঃ পিপাসা
 শূলো অমোদেষ্টনজ্জ্বরাহাঃ ।

বৈবৰ্ণ্যকম্পৌ হৃদয়ে কজ্জল

ভবন্তি তন্ত্ৰাঃ শিরসশ্চ ভেদঃ ॥

ইতি সূত্রং ৩। নিদানেহপি অরং পাঠঃ।

তত্র ত্রিহুচিকার্বর্জকাদিষু প্রবৃত্তামদোষাং যথোক্তরূপাং বিজ্ঞাৎ। যথা—

তত্র বাতঃ শূল্যনাহাঙ্গমর্দমুখশোষমূর্ছাভ্রমায়িণৈষমাশিকাকৃকনসংস্রস্তনানি
করোতি। পিত্তং পুনর্জ্বাতিসারাস্তর্দাহতৃষ্ণামদপ্রলপনানি। শ্লেষ্মাতু ছদ্দা-
য়োচরাপরিপাকশীতজ্বরালম্বগাত্রগোরবাণি ॥

ইতি চরকঃ।

নিবিধৈর্ষেদনোন্তেদৈর্দীর্ঘাদিভূষণকোপতঃ।

সূচীভিরিব গাত্রাণি বিদ্যাতীতি বিহুঁচক। ॥

তত্র শূলভ্রমানাহ কম্পস্তম্বাদয়োহনিলাতঃ।

পিত্তাশ্রয়তিসাবাস্তর্দাহ তৃট্পলয়াদয়ঃ।

কফাচ্ছর্দাঙ্গ গুরুতা বাকৃগঙ্গজীৱনাদয়ঃ ॥

ইতি বাগ্ভটঃ।

On account of indigestion the gases become perverted in the system, the patient becomes exhausted suffering from fearful agony as if ten thousands of needles were pricking all over the body. This is why it has been called “বিহুঁচিকা”। Moderate eaters and people who live a pure hygienic life seldom get the disease, while foolish and greedy people are frequently afflicted by it. Its principal symptoms are :— Faintness, frequent evacuations both upwards and downwards, excessive thirst, violent colic, delirium, burning-cyanosis, tremors and convulsions, heart cramps, and violent pains in the head.

That disease is called Cholera where there are frequent purging and vomiting along with the symptoms enumerated above. Such are the sayings of Shusruta and Charaka, the
• ancient medical works of India.

From the history of the disease, as we have been studying

it, it is perfectly clear that Cholera has invaded almost every part of the globe some time or other. Yet there are some isolated places that have escaped its invasion some how or other. Patric Manson in his "Tropical diseases" says,—in the case of isolated countries the absence of active and frequent intercourse with the outer world favours immunity even during approximately pandemic extensions. Thus, though near the home of Cholera, the Andaman Islands had never been visited by the disease. Similarly Australia and, New-zealand appear to have enjoyed practical exemption. The same can be advanced of the Pacific Islands, the Cape of Good Hope, the west coast of Africa, Orkney and Shetland Iceland, the Faroe Islands and many of the islands of the Atlantic.

Etiology :—While it is absolutely necessary that we should go into the details of the various causal factors of the disease, I cannot help quoting a few lines from that excellent work of Dr Bartlet, which put the whole thing in a nutshell. "The etiology of Cholera Asiatica may be summed up in a few words. Infection by the comma bacillus of Koch. This infection is carried almost entirely by drinking water. In other words Cholera is a water-borne disease ; some cases are undoubtedly carried by house flies. Epidemic seems to be favoured by high temperature, as the disease occurs with special frequency in low-lands and in hot countries."

The discovery of the comma bacillus by Koch in 1884 has shed a new light on the etiology of the morbid agent. It has been found by frequent and repeated experimentations that this bacillus occurs in true cholera and in no other disease. Its form is like that of a bent rod and sometimes occurs in the form of an S. It grows in a great variety of media and has distinct characteristics. Koch found it in tanks in India and also in the water of Hamburg during

the epidemic of 1892. It is a very peculiar fact that while these bacilli are found in large numbers in the stools and the ejecta of cholera patients, they have sometimes been found in the fæces of healthy persons. It is also noteworthy that while large numbers are found in the characteristic rice water evacuations, they are rarely seen in the vomit of the patients. After all the individual susceptibility of the patient counts for much as we frequently see that people who are constantly watching cholera patients never get the disease. We seldom hear of Physicians or nurses being attacked by it. One thing seems to be clear to us and that is people are seldom attacked with the disease unless some of the poison gets into our system through our food stuffs.

There have been several cases of "Laboratory Cholera" in which students have been accidentally infected while working at the cultures.

I remember distinctly myself that Professor Jordan would frequently warn us to be careful while we were engaged in laboratory work in the Biological department of the University of Chicago. Milk, flesh bread, butter, meat and raw vegetables should be taken with care while an epidemic is raging, for they have frequently been the carrier of the disease. Infection by flies should also be borne in mind.

Woodhead justly remarks that now however through the laborious and brilliant researches instituted by Pettenkofer at the head of one school and by Koch in a very different one, much of this air of mystery has been dispelled. The history of the spread of the disease from its home in lower Bengal in the delta of the Ganges was for a long time considered most erratic and inexplicable.

It is very true that the nature and cause of a true cholera epidemic was long shrouded in mystery, and various theories were advanced which were all more or less conjectural. It is a

question of great importance, and is one that has received the attention of nearly all the authors on cholera, whether cholera is a disease that can appear by itself *de novo*, or whether it always originates in India and thence spreads into different countries. Dr. Macnamara tried to show in a most exhaustive manner that all epidemics originated from their true home and thence attacked various portions of the globe.

- The researches of Koch in Great Britain and Germany and some other workers in France make it almost conclusive that cholera is a parasitic disease, that it travels along the ordinary lines of commerce by railways, caravans and ships from the regions in which it is endemic to those centres of trades and religion which by their imperfect sanitary arrangements, by the want of cleanliness of their inhabitants, by meteorological conditions and on account of bad water supply are ready for its reception and propagation*. The study of these facts makes one think that perhaps after all Macnamara was right in his assertions.

But instances are on record where it has been absolutely impossible to trace the course of the disease from any particular spot. There have been sporadic cases in places in Europe where it was absolutely impossible to trace the cause from its true home. At the mouth of the Yang-Tsze as instanced by Macleod cholera breaks out regularly at certain seasons of the year, and it is very difficult to trace its origin although there is a possibility that it may be imported from India from which place it has weekly communication by steamer service.

As early as 1848 such eminent authorities as Virchow, Pouchet, Brittan and Swaine found numbers of vibriones in the cholera discharges but they were unable to prove that these play any specific *role* in the causation of the disease.

* Woodhead.

Philippe Pacini, Klob, Boehm, Hallier, Hayem, Raynaud are some of the others who carried on experiments along this line but most of their experiments were futile.

The blood-poisoning theory of G. Johnson, the drinking water theory of Drs. Bayer and J. Snow, the fungus theory of Drs. W. Budd, Farr and others, Dr. Bryden's theory, the vibronic theory of Macnamara were also equally futile.

While admitting that Koch's comma bacilli play a most important part in the causative factors of the disease, yet we must remember that there are various objections to Pettenkofer's ground water theory and to Koch's theory also that are well worth our careful consideration.

Dr. Cunningham of the Calcutta Medical College and many others hold that the comma bacillus is not the sole cause of cholera, although it may be one of the most frequent causes. It has also been found by experimentation that cholera cultures have been swallowed with impunity and cholera bacilli have been found in healthy stools of persons during an epidemic of cholera, these persons never being attacked by the disease at any time. And we should always do well to remember that "as in other diseases, individual peculiarities count for much" (Osler). The comma bacillus, which is now regarded as belonging to the spirilla, usually occurs as a slightly curved rod, measuring from 1 to 2 micro-millimetre in length with an average length of about 1.5 *m.*; it is 5 to 6 *m.* in thickness, the average thickness being about one-third to one-fourth of the length. It is therefore from one-half to one-third the length of the tubercle bacillus but somewhat thicker. In place of occurring as single rods these organisms may be grouped in chains, or in larger numbers, in which case the curve may be continuous, so giving rise to the formation either of half circles or of S-shaped curves. In cultures in meat broth the

bacilli may be so grouped that they form long chains or spiral threads, each of which may be made up of 10, 20, or even 30 short turns.—Woodhead.

As there are many people who still believe that bacteriologists are mere visionaries, it is just as well to narrate a few of the most convincing proofs of theories advanced.

“An Italian emigrant steamer touching at New York, had on board a child suffering from a suspicious form of diarrhoea though it could not be said that all the symptoms of Asiatic Cholera were present. In order to determine the true nature of the disease—whether it was cholera or not—gelatine plate cultivations of the dejecta were made by a doctor in port, and the vessel was detained four days ; during that period true Koch’s comma bacillus was developed and it was subsequently proved that it was a true case of Asiatic Cholera as a series of other cases occurred in which unmistakable symptoms of Asiatic Cholera were developed.

Here is another case to the point. At a time when there was no general cholera epidemic,—Gonsonheim and Finthen in Germany were suddenly ravaged by a most deadly form of diarrhoea which in many features resembled true Asiatic Cholera. The recorders made plate cultivations from the dejecta of some of the patients and found Koch’s Comma Bacillus and thus the matter was put beyond doubt.

In view of these facts the immense importance of bacteriological methods, as permitting rapid and definite recognition of the disease, with the possibility of taking precautionary measures as early as possible, and so preventing a wide dissemination of the disease germs can scarcely be insisted upon too strongly.”—WOODHEAD.

J. N. MAJUMDAR, M. D.

HAHNEMANN ANNIVERSARY.

The birth-day of Hahnemann is generally observed by the Homeopaths of Calcutta, as a day to be celebrated annually. The usual meeting of the Hahnemann Society took place in the Hall of the Indian Association for the Cultivation of Science. There was a good gathering and among others the following gentlemen were present :—Drs. P. C. Majumdar, W. Younan, C. S. Kali, A. K. Datta, A. L. Sircar &c. &c. The Chairman Dr. H. C. Rai Chaudhuri was prevented from being present on account of ill health. In his absence Dr. Majumdar was requested to preside but he was prevented from doing so as he had to go away early on account of his daughter's illness. The chair was then taken by Dr. W. Younan. Dr. Rai Chaudhuri sent his paper on Similia Similibus Operator, which was read and much appreciated by the audience. After the usual presidential remarks the meeting came to a close with a vote of thanks to the chair.

At 7 P. M. a reception was held at the residence of Dr. J. N. Majumdar where the whole of the Homeopathic fraternity of Calcutta turned up in a body and a most enjoyable evening was spent. Among the guests of the evening were the following :—Drs. D. N. Ray, Miss Sykes, W. Younan, Akhay Kumar Datta, Bepin Vihari Chatterji, C. S. Kali, A. Majumdar, G. L. Gupta, A. N. Mukherji, S. Goswami, T. K. Mukherji, S. K. Naug, J. N. Ghose, R. C. Naug, T. Palit, C. C. Ghose, G. C. Mitra, K. L. Bagchi, Barid Baran Mukherji, etc. etc. The house was decorated with flowers and music and refreshment formed a part of the enjoyable features of the evening. A beautiful souvenir card was presented to all the guests and the following song was especially composed for the evening, which was appreciated by all. •

এটা নয় ফলার ভোজের নিমন্ত্রণ।

হেথায় আছে কিছু অলযোগ

আর চায়ের মাত্র আরোজন।

এই চিকিৎসক সব ছোট গড়
 এইখানে হয়ে জড়
 আনন্দে ও ভ্রাতৃত্বাবে কর্তে হবে কাল হরণ ;
 হোক না ধনী গরীব বড় ছোট—
 সবার হেথায় একাসন !
 হেথায় হবে নাক ভৈষজ্যিক ,
 গবেষণার কোন ক্লেশ,
 হেথায় হবে নাক যজ্ঞ তা কি
 যুক্তিশূন্য উপদেশ ;
 আমরা আসিনিক জারি জুরি
 কর্তে কোন বাহাজুরি,
 আসিনিক কর্তে বিকল-রাষ্ট্র-নৈতিক আন্দোলন,
 হেথায় নাইক করতালির মধ্যে
 কারো আত্ম-নিবেদন ।
 যাদের আছে একটু ভায়ের প্রতি—
 হোমিওপ্যাথির প্রতি টান
 তাঁদের কর্তে হবে পরম্পরে—
 প্রীতিদান ও প্রতিদান ।
 হেথায় অনভ্যুচ্চ কলরবে
 মেলা মেলা কর্তে হবে,
 এটা হচ্ছে হানিমানের জন্মতিথি-সম্মিলন
 (দোহাই ! ধর্ষে না কেউ হোলে—
 একটু অন্তর বা ব্যাকরণ ।)

Compliments of
 Dr. J. N. MAJUMDAR.

A CASE OF LOCOMOTOR ATAXY.

An elderly lady came under my treatment for what is called Locomotor Ataxy. Early history of the case was obscure.

She was a thin-looking lady, and mother of many children. No family history of venereal disease or scrofulous tendency was noticed. She had a good deal of care and anxiety about household duties ; besides, she had bereavements from the death of a couple of children.

She had hysteria in her early life, but that was cured. Complained of acidity and dyspepsia off and on. Considerable flatulence and occasional vertigo. I visited her in December 1905, and found the following symptoms and conditions.

Inability to walk properly, tottering gait on attempting to walk ; there was a tendency to fall when the eyes were closed. On placing feet upon the floor she thought tactile power was less, as if she put her feet on cushion, not much sensation. Control over the muscles was much less. There was some jerking of the lower extremities even in rest. Great weakness and debility, sleep disturbed by constant dreams.

Considerable flatulence especially in the afternoon and passing of which gave her much relief.

I advised the family physician to give a dose of Argent. nit. 200 followed by placebo one dose every morning,

This did her immense good in every respect. I got the report from the doctor after a week to that effect.

I wrote him to continue placebo. But before he got my letter he gave another dose of Argent. nit. 200. Improving fast. In this way she took three doses of Argent. nit. in the course of a month and a half. Good many placebos

she had in the meantime. Reported complete cure after six months from the beginning of the treatment.

P. C. MAJUMDAR, M. D.

STRONTIANA CARB IN MENSTRUAL DISORDER.

A young married lady Brunette, without children, came under my treatment for various disorders of menstruation. About ten years ago when she first menstruated she had extreme agony and pain during her periods.

Menstrual flow was normal in quantity but color and consistency was bad. It was blackish in color like the washings of fish, and thin and clotted.

She used to get headache which was aggravated by cold and ameliorated by application of warmth and wrapping warmly. She was subject to cold and catarrh of the nose.

Her digestive system was not good. Had alternate diarrhoea and constipation. Heartburn and acid rising was complained of, especially when a hearty meal was partaken of. She complained of some flushings of head and face.

Mind became irritable more at the time of menses.

I gave her a few doses of Lachesis high and also Silicia and Calc. c. without much benefit. At last Strontiana Carbonica 6 was given every morning for one week and stoppage of medicine for another week. In this way medicine was continued for sometime.

The next menstrual flow was much better and the next one was better still. She was perfectly cured after three months. Subsequently she became the mother of four children.

P. C. MAJUMDAR, M. D. ,

PIPER METHYSTICUM IN WHITE LEPROSY.

A married young girl aged about fourteen, otherwise healthy, came under my treatment for two white spots, one on the neck just above the shoulder on the right side and another on the right leg on the outer side about two inches below the knee-joint. She was married when it was not known and the uncle of the girl was anxious to get rid of it as soon as possible.

She had no family history of leprosy, syphilis or any other serious constitutional ailment. She used to menstruate regularly, took her food well and was healthy in all respects. These spots were of the size of a rupee each. On taking the history of the case we were told that before it became white there arose very small pimples on the places. They dried up and scales came off leaving white spots. These spots have been gradually increasing in size. In Allen's Encyclopædia Vol. VII, under Piper Methysticum we find the following symptoms :—

"Skin covered as in leprosy with large scales which fall off and leave white spots ; and these often became ulcers,

I gave Piper myth 6x, one dose a day. These spots became black at first and then natural color of the skin in no time.

P. C. MAJUMDAR, M. D.

CONSTIPATION.

From the February number of the North American Journal of Homœopathy, we gather the following remedies for constipation.

Gynecologic cases, even where no mechanical conditions

exist, are frequently constipated, suffer from intestinal atony, and here Graphites is a very reliable remedy—cases where there is faulty intestinal innervation, not mechanical interference with defecation—beginning with Graphites 5x and descending to the 3x. A number of cases have been greatly benefited.

Plumbum is also useful but only when colic and tympanites are present, in other words hypersensitivity of the bowel—Plumbum 6x descending to the 4x.

Opium is similar. It also has atony, but with colics due to unequal contractions of the bowel with simultaneous, almost parietic weakness of certain portions, especially the colon. The 5x trit. is at first prescribed—more efficacious than the tincture.

Nux vomica's type is well known. Defecation is neglected from laziness and constipation is thus induced. Sensation of a foreign body in the anus ; frequently a general neurasthenia.

Alumina 5x—4x has the hard, tough, crumbly stool passed with difficulty.

Sepia is serviceable in the purely nervous constipation of women.

Pathognomic of Graphites is the coating of slime over the hard stool. In Alumina the complete lack of desire for stool is characteristic. Collinsonia has been found useful only where hemorrhoids are present when it acts promptly upon the constipation. In the case of a woman who for fifty years never had a natural movement, Collinsonia cured her perfectly.

Two children (twins) were treated for constipation by a distinguished specialist in children's diseases, but daily enemata were the only means of obtaining a clear bowel. The writer gave Alumina to one and Nux v. to the other child

without result. Later it was learnt that the children had an aversion to meat but were fond of sausage (wurst). The only difference here lay in the greater amount of salt contained and it was found that both patients were eager for salt. *Natrum mur.* 30 was prescribed with immediate results. According to the parents, no change was made in their diet.

A teacher had gastro-intestinal trouble, pyrosis, vertigo after eating. A number of prescriptions were unsuccessful and she finally helped herself with *magnesia ust.* It seemed evident that the curative action was not due to the antacid but to the specific properties of magnesia, and *magnesia mur* 12 was given with magic results, the patient stating that the medicine was as efficient as the burnt magnesia in the large dosage.

Nux vomica as a constipation remedy is too often prescribed. Its keynote is its unsuccessful desire for stool. *Hydrastis*, on the contrary, is too infrequently used. It is, however, a great hepatic and gastric remedy, too little known among homeopaths. The "goneness" characteristic of sulphur and *sepiæ* is also marked in *hydrastis*. It acts particularly well in children with obstinate constipation. There are various kinds of constipation, however and accurate differentiation must be made. For example a *naja* case. A teacher was under treatment for an enormous cardiac hypertrophy. He suffered from a feeling as though he was being throttled; there was also obstinate constipation. *Naja* cured both the heart trouble and the constipation.

PLAGUE.

In plague cases we have seen *Glonoïn* to be of much value. As the disease is turbulent and quick-destroying in character,

the action of this remedy is charming. Very recently we had a case where this remedy did wonders. It was a case of a robust young man of twenty, hale and hearty, even on the day of 'attack. Working the whole day in office rather exposed to sun and heat, he was down with fever and pain in the various parts of the body, maddening headache and dusky red face. There were delirious talks now and then. Temperature was 106° F. Glonoin 6 was given every 3 hours and the temperature came down to 101° F. after six hours and headache and other symptoms disappeared. This patient had his right inguinal glands affected. He had profuse perspiration affording no relief.

We have also successfully made use of Echinacea in cases of plague. From what we learn of Echinacea as a remedy for septic poisoning, we are led to use it in cases of plague. It is a noteworthy fact that places where drainage is defective, where much accumulation of filthy materials has taken place, there is the advent of plague cases. Homeopathicity of Echinacea, in plague cases is very prominent and characteristic and Echinacea has been a successful remedy in cases of blood-poisoning—carbuncles, diphtheria, enteric fever, gangrene, pyemia, septicemia, typhoid and other dangerous conditions. This made us believe in the employment of this remedy in cases of plague.

Symptomatic indications are not wanting. Dulness of mind, confused feeling in the head, mental depression, pain about the heart, accelerated pulse, sense seems to be numbed, drowsy, general depression with weakness. General dullness and drowsiness. These mental symptoms are very prominently found in plague patients.

As boils and carbuncle appear in the proving, I think this has a close similarity to the abscesses formed in this disease in the various glands of the body.

Extreme muscular debility and pain are found in the proving. In the beginning of plague cases these conditions are often noticed.

Clinical verifications though not extensive have been confirmed by some of our colleagues.

P. C. MAJUMDAR, M. D.

.MILK.

Adulteration of milk is the principal source of some serious diseases. Cholera, typhoid fever and the like, often owe their origin to deteriorated condition of milk. Fortunately in this country we never use milk until it is thoroughly boiled. This to a certain extent acts as a safeguard. Instances of cholera and typhoid fever have been noticed from time to time from bad milk. Some years ago Surgeon Major J. M. Coates, our popular Principal of the Calcutta Medical College lost his life from cholera caused by poisoned milk.

P. C. MAJUMDAR, M. D.

HOMEOPATHY PROPER.

In our country, especially in our "city of palaces," I mean in Calcutta, the practice of the homeopathic healing art is carried on by the whims and caprices of the so-called homeopathic physicians. In America and all the western countries of the world they array themselves as the high and low dilutionists, but here our colleagues, some of them of course, do their business in hap-hazard way. Some who give the two hundredth potency and one dose only, think they are the true Hahnemannian homeopaths. They don't care whether the selection of the right remedy is achieved according to the direction of the master given in his immortal work the Organon of

the Art of Healing. A wrong remedy is selected of which a two hundredth potency is given and no repetition is made. What will be the effect? Every true homeopath can answer this question. A friend of mine one day remarked that this was really watching the gradual death of the patient. There is another thing and that is favoritism in selecting medicines. On one occasion I had a talk with a physician who was bent upon giving a wrong medicine and when asked by me the reason of selecting such an homeopathic medicine to the case, he flatly said that that was his favorite remedy. I know of a colleague of mine in this city who sometimes prescribes the same medicine to all the patients he comes across, without minding the state and the symptoms of each patient.

In this way I found Causticum had been made use of in all patients. Then again sometimes Apocyn can, sometimes Cinnabaris and so forth. I have been grieved to notice in a single day three patients—one suffering from diabetes with fever, another cataract and another diarrhœa with flatulent colic, all of them receiving Cinnabaris 2 c from the same colleague. This is truly sad. Had Hahnemann been gifted in this fashion, his homœopathy would have gone to the dogs.

In this connection I shall quote an extract from the Medical Advance from its editorial columns. Dr. H. C. Allen the veteran Hahnemannian and sturdy editor has said:—

"For years we have contended that the difference in the practice of the two wings of which the Homeopathic School is composed, is not now, and never has been, a question of potency at all. It is a question of selection—one of far more vital import than potency. In fact, potency—or, as it is commonly called 'high' and 'low dilutions'—has little, if anything, to do with it. Hahnemann made good cures with

the lower potencies, and even with the tinctures, and good cures may be made with any potency, provided the simillimum be *properly selected* and properly used after being selected; but neither potency nor tincture in any form or any dose *can force a cure* or atone for an imperfect selection. If the cure work could be done by guessing and dosing, Allopathy would long since have reached the goal. To assume that one is a 'high' and another a 'low' potency man is to take it for granted that both select the remedy in the same way, which is far from the fact. This assumes that there is only one way of selecting the remedy—the homeopathic—and that all homeopaths use the same process, which is a 'fatal error' and the sooner we see it, and the sooner we correct it, the better for our School and for our patients."

So it may be laid down as a rule to select the right remedy for the case with strict adherence to the law of cure. We have been extremely sorry of late to record this state of affair of homeopathy here, as we have had occasion to observe people remark that even the highest potencies, *i. e.* two hundredth and higher, were taken to no effect, as if the highest potency is only homeopathy. So we earnestly appeal to our colleagues to pay more attention to the selection of the right remedy than to the selection of potencies which are of secondary importance. By this we don't mean to say that we do not like high potency—far from it. We know full well that when we can select a remedy precisely with the symptomatic indications, higher potencies act promptly and without frequent repetitions.

We make bold to say to them "please practise pure and proper homeopathy according to the teaching of our immortal master, select your medicine first in the light of similia similibus curantur and then select the proper dose and last of

all adopt the dose according to the circumstance of the case and you will be crowned with success."

In homeopathy there is no guess work, all must be done according to the law and so there is order and precision. Science is based upon natural law and precision.

P. C. MAJUMDAR, M. D.

A PECULIAR SULPHUR CASE.

A young lady was brought to me from a distant station by her father. She had been suffering long from burning of her whole body. As I was taking down the history of the case, the lady with a horrible cry fell down upon the marble floor rolling vigorously and said she had great burning over the surface of her whole body. I stood by her side watching her carefully. After rolling in this way about a quarter of an hour, she was better and she sat up again.

Her father said that this sort of fit of suffering continued the whole day and even some hours during the night. She had altogether ten to fifteen fits during the day. Even when she had been free from the fits, she had some burning of the surface of the body but that she could easily bear. When unbearable she rolled in the way described above. On questioning further I gathered that she had rheumatic pains in various joints long ago and that was cured by some external applications. Her menstrual function was all along regular. She denies the knowledge of suppression of any eruptions in the body. But her father said she had itching eruptions in her younger days and those were cured most probably by some external application. I decided to try sulphur of which a dose of the two hundredth in globules was placed on her tongue. Her father wanted some more medicine and I gave him six placebo powders, one every morning.

After a week I got the report that the patient was half cured. No more fits but still some sensation of burning left. I repeated the placebo powders and she was free from burning and is now gaining flesh.

This is a remarkable case of a single dose of sulphur high effecting a cure. Here pathology has nothing to offer and the rational medicine has no clue for a therapeutic action.

P. C. MAJUMDAR, M. D.

HEMATURIA AS AN INITIAL SYMPTOM OF TUBERCULOSIS OF THE KIDNEY.

In some relatively rare cases of tuberculosis of the kidney, usually, a more or less profuse hematuria suddenly appears as an early symptom in seemingly quite healthy persons, without being preceded by either subjective or objective signs pointing to kidney lesions or affections of any other organ. The attacks of bleeding rarely disappear suddenly, —usually they decrease slowly ; they may last not only hours or days but also months and years. In different attacks the amount of blood fluctuates very considerably even in the same patient.

The attacks of hematuria are not infrequently accompanied by colicky pains in the kidney region during which motion, however, has no influence on the amount of blood in the urine in contrast to nephrolithiasis. Generally nephrectomy was performed, rarely nephrotomy.

After the disease had run on the kidneys showed the cavernous form of tuberculosis, which sufficiently explained the hemorrhage, or even only miliary nodules, in which case the hemorrhage may well be traced to arterial congestion. Such bleedings have great value in the early diagnosis of

tuberculosis of the kidney.—Dr. S. Askanzy, *All. Hom. Zeitung*, May 17, '06.

INFANTILE MORTALITY FROM "OVERLAYING."

Deaths of infants from "suffocation in bed" occur in Great Britain to a number which is astonishing. On account of the generally high mortality in infancy and of the share which suffocation has in adding to it, Dr. Willcox reviews the statistics for the decade, 1891-1900. He finds the mean annual deaths of children under five years from this cause in England and Wales, excluding London, are 1,137, or 32.46 per million. For London the mean annual deaths are 612, or 139.44 per million.

The chief method of suffocation is by "overlaying," usually by the parents, but in rare instances other children and even cats have been responsible. The failure to provide cradles or cots for their infants and the drunkenness of the parents are most important factors. The large majority of the cases occur on Saturday and Sunday nights when, unfortunately, drunkenness is commoner.—*The British Medical Journal*, September 24, 1904.

Review-

The British Homeopathic Review. We have received with thanks the second issue of this new journal from London. It is not altogether a new journal, but our favourite, old Monthly Homeopathic Review appearing in new and changed form. Even some of its old editors are among the associate editors of this British Review. Like its predecessor we wish it a long and useful life.

THE INDIAN HOMEOPATHIC REVIEW.

A Monthly Journal of Homeopathy and
Collateral Sciences.

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[No. 5.

SOME OBSTINATE AND INCURABLE CASES.

Some years ago I was told by one of our most venerable colleagues that it was impossible to cure sinuses and fistulas by internal medications and that it was only the illiterate and uneducated quacks who frequently pose themselves as homeopaths that brag about curing these without surgical interference. But as days went on and I happened to be in charge of one of the largest homeopathic clinics in the city of Calcutta, I was compelled to change my idea with regard to the curability of these indolent sores and ulcers.

Day after day as these cases kept coming into our clinics, I was told by the senior doctor in charge of this clinic that fistulas and sinuses were very beautifully managed by internal medications, the only thing required being a certain amount of patience and perseverance and a little careful and painstaking prescribing. The law *similia similibus* holds just as good in these cases as in any other derangement of our vital forces.

Now I will verify my statement by relating a few cases to the point.

1. Tincowri, a robust young man, came to me with the

distressing and most painful dental fistula that had baffled the skill of surgeons even. He had a sinus in the inferior maxillary region that would suppurate frequently in spite of repeated operations.

Silicia seemed to be the indicated remedy in this case and a complete cure was effected in about three months' time, different potencies beginning with the 6th and ending with the 200th having been tried.

2. The next case was that of a relative of mine who had been suffering from an exactly similar trouble as the above, only the fistula was located in the superior maxillary region and he was a thin emaciated looking person of rather wiry texture. In his case I had to try several remedies, chief among them were Merc. sol., Hepar sulph., Fluoric Acid, Calcarea fluorica etc. Calcarea fluorica seemed to do him the greatest good. In this case it took nearly six months to effect a complete cure. Although my patience was frequently tired, he stuck to the treatment tenaciously because he was mortally afraid of the knife.

3. Babu B—came under my treatment for a fistula-in-ano that had troubled him for some time. He had been under different kinds of treatment before he came to us. He was a person of a lucophlegmatic temperament rather fat and flabby. He had been a spoiled child in his infancy. He was also peculiarly susceptible to wet and cold. I tried several remedies but ultimately Calcarea in the higher potencies at long intervals effected a cure.

4. Mr. M.—a robust gentleman, aged about 35, was suffering from an abscess in the thigh, with a sinus about three inches deep. He tried various remedies and ultimately came to me. Two doses of Silicia 30 effected a complete cure and that deep sinus that had troubled him so long disappeared like magic in no time.

5. Babu L.—an elderly gentleman of about 60 summers, suffering from two sinuses one in the axilla and the other in the inguinal region. He had been under allopathic treatment before we undertook to treat him. He was an old syphilitic into the bargain. Calendula and ultimately Hepar sulph with thoroughly aseptic dressing, morning and evening, cured him completely in three weeks. I could add many more cases to this list but this will do for our present discourse.

J. N. M.

THREE NON-OPERABLE CANCERS RELIEVED BY MEDICINE.

BY W. H. FREEMAN, M. D., Brooklyn, N. Y.

Mrs. B., age about 50, began homeopathic treatment about two and a half years ago, because the last surgeon said nothing further could be done for her.

Examination revealed a large tumor entirely filling the pelvis and extending to within an inch of the umbilicus. It was very hard and immovable.

She has suffered with frequent attacks of metrorrhagia for several years and is now almost exsanguinated. Packing the womb has not been of benefit. The flow is bright and very profuse, gushing out until it seems there can hardly be any blood left. Following the hemorrhage there is a serious discharge for nearly a week. The hemorrhages come every two or three weeks, Flow decidedly offensive always. Both Dr. Schall and Dr. Close saw the case and agreed in the diagnosis. Different remedies were given during the first eighteen months, with but slight benefit, namely Arsenic, Carbo veg., Silica, Sulphur, Medorrhinum, Thuja, Lachesis and Lycopodium. Arsenic 200 and Lachesis 200 both helped considerably for a time when

given in frequent doses, but would not act in the higher potencies after the lower had ceased to benefit.

About one year ago Dr. Close made a very careful study of the case and noted the following:

Mouth sore, ulcers inside the lips ; corners red and ulcerated ; salivation ; < after menses.

Coryza and sore throat. < cold, damp weather.

Diarrhœa today, 3—4 stools, first stool 6 A. M. , < cold, damp weather ; < before menses.

Cramps in abdomen towards noon , rumbling ; < before and during menses.

Queer feeling in abdomen, as if she wanted to support it or lift it up, or were trying to do so. (Lil. tig, Merc., Staph.)

Sallow, yellow complexion.

Profuse, easy perspiration ; head and neck. It stains pillow yellow.

Menses pale, watery, serous, offensive.

Saliva runs out of corners of mouth and makes face sore. Merc. vivus.

This remedy was given in 200 potency in several repeated doses without appreciable benefit for over a month. The potency was not raised because Arsenic and Lachesis had helped in the 200th and failed in the higher potencies.

On Oct. 4, 1905. Carbo veg. 200, three powders 12 hours apart, had no effect.

Oct. 31, Carbo. veg. 1m. seemed to help.

Nov. 14. Merc. vivus 1m., gave some relief.

Dec. '3, for certain reasons, evidently foolish, Carbo animalis 30th was given in solution, a few doses. It aggravated the condition without subsequent amelioration.

Dec. 23. Merc. vivus 1m., 4 powders, 12 hours apart, gave considerable relief.

Jan. 2, 1906, repeated with slight relief.

Jan. 9 and 13, Merc. vivus. 30m., Fincke., four powders, one every 12 hours, gave most relief of anything ever taken and "put new life into her," the second prescription stopping a beginning hemorrhage.

Jan. 25, she developed a very severe cough. simulating pertussis, constant, dry, tickling, paroxysmal, with vomiting; < lying, < night, > sitting up; expectoration scanty and difficult, whitish, with slight relief after. Mercurius and Pulsatilla both failed and the cough lasted until Feb. 5, and had become serious when Syphilinum 200, (B. & T.,) four powders, one every 12 hours, was given with marked relief after first dose, and entire relief after third dose.

Since then the principal remedy has been Mercurius in the 30m and 50m potencies, though occasionally it has been necessary to give Syphilinum when the Mercurius failed.

The patient now has a good healthy color and appears to be in the best of health. She feels quite well most of the time, and though she has occasional hemorrhages they are kept under control by medication. Her tumor at last examination, a few weeks ago, had not decreased in size.

The change has been so remarkable and gratifying that even though she does not get rid of the tumor, the chances seem good for her to live quite a few years longer in the enjoyment of a fairly comfortable existence. ■

CASE II. Mrs. R. dark, sallow, slender, age 49. Treated once in the office three years ago last May, for leucorrhea with heaviness of womb, helped much by one prescription of Sepia.

Saw her again Sept. 16, 1904. and found her in bed with a severe metrorrhagia, which had existed more or less constantly for six weeks.

Dr. Schall confirmed the diagnosis of cancer in the last stage and gave a fatal prognosis.

Dr. Iszard diagnosed the case microscopically as epithelioma.

The family requested further consultation with Dr. Walter C. Wood, an old school surgeon of prominence, who confirmed the diagnosis and told the family an early dissolution must be expected.

Having informed the family that homeopathic treatment helped to prolong life and prevented suffering in such cases, they asked me to continue in charge of patient. The symptoms at this time were—metrorrhagia, flow dark, copious, acrid and horribly offensive, the odor being perceptible in adjoining rooms and hallway.

Pain in right scapular region, jaundice, headache, bilious vomit, anorexia, constipation and cold feet.

Pelvis filled with large mass, springing from and surrounding uterus, os slightly ulcerated and granular. The old record of the case when studied in connection with the later symptoms, which were not sufficiently characteristic led me to believe that Sepia was still the necessary remedy.

Sepia 200 was given, three powders, one every 24 hours, with marked relief in general condition after the second dose.

The remedy has been repeated pro re nata, in rising potencies, latterly 50m. Other remedies have occasionally been needed for special symptoms, not helped by Sepia, as follows: Psorinum; Sulphur, Causticum, Bryonia, Lachesis and Thuja, each of which has done good work, but the principal remedy all through has been Sepia. The patient had recovered sufficiently to take a two months' trip to Europe.

When examined recently the womb was of normal size

and shape and freely movable : the tumor having disappeared. All tissues appeared normal except for a slight granular condition within the cervical canal.

CASE III. Mr. O. H. Scotchman, about 67 years old ; stubborn disposition, discharged every one of his last five physicians because they admitted he could not get well. They all said he had gastric cancer, and none had helped him. He has had daily bowel hemorrhages and has been growing worse for the last year. He looked as if he might die any minute, and the family were told by me that he would probably not last long.

The symptoms elicited were few and chiefly objective, as follows:

Skin and membranes white and absolutely devoid of color. Lethargic except when aroused, when he asserted he felt well and that there was nothing seriously the matter with him. Examination revealed a large, hard tumor in the neighbourhood of the umbilicus. It was seemingly attached to convexity of stomach.

Fecal stools, infrequent, large, hard and grayish-white or black and white mixed.

Occasionally a very severe whitish, thin diarrhoea, to avoid which most of the previous treatment had been given.

Unable to digest food, it may be vomited a day or so later in an undigested state.

He is fond of ice cream ; likes hot drinks as well as cold.

No venereal history ; never sick until a year ago.

Was terribly upset several years ago on account of his two grandchildren being terribly mutilated by the cars, and suffered with insomnia and vague terrors for a long time afterward.

Phos. 1m, five powders, one every day, April 11, 1906.

From this date until now he has improved more or less

steadily, although he has been troubled greatly with diarrhœa much of the time.

The Phosphorus has never benefited him since the first few days .

Arsenic 30 was next given in solution, frequent doses continued for a month.

Sac Lac helped for almost a month longer. Arsenic , has never helped since.

Sulphur, Psorinum, Mercurius, Lachesis and Syphilinum have seemed to help some.

After Syphilinum, the symptoms seemed to be clear for Phos. acid, which was given in 30th potency, a dose after every loose passage, with marked benefit.

The patient now takes frequent walks on fine days. He has a good appetite and digests soft foods. Has had no hemorrhages for months. Stools are of normal color. Mucous membranes and finger mails, pinkish instead of white.

There has been no change in the size of tumor.

Cancer being a rank growth of immature tissue cells in an organism fertilized by the chronic miasms, why should not any treatment capable of eliminating this miasmatic filth, enable nature to bring such cells to maturity and bring about a cure ?

It is certain that nature never tolerates any such irregular process, if able to prevent it and she always endeavors to remove the same if the influences which prevent orderly reaction, can be removed or even rendered latent.

— *The Medical Advance.*

CHOLERA ASIATICA.

(*Continued from page 114, No. 4, Vol. XVI., I. H. R.*)

Now in the growth and the mode of propagation of the bacilli there are certain features that are worth recording.

The comma bacilli grow very nicely on several kinds of media at a temperature of 30°-40°C., although it has been known to grow at 20 C. Pure cultivations may be made in test tubes containing gelatine, agar-agar, potatoes or broth in or on which the growth and special character of the bacillus may be watched and noted. On blood serum and milk these organisms grow most luxuriantly. Dr. Simpson in the Indian Medical Gazette records a naturally prepared experiment which shows at a glance what an important part these milk cultivations may play in the spread of cholera. On board the ship *Ardenclotha*, in port in Calcutta—ten men partook of the milk supplied by a native milk-seller who came to the ship daily. Of these ten men four died of cholera and five suffered from exceedingly severe diarrhoea, the tenth who escaped had taken only a small quantity of the milk. After careful examination it was found that the milk had been diluted with 25 per cent of water that was taken from a district in which there was cholera raging at the time. On further investigation it was found that several of the milkman's neighbours were suffering from the disease at the same time with the men on board the *Ardenclotha* and that the dejecta from the first case had been received into a tank near the milkman's house.

It is a very peculiar feature with the comma bacilli that they abhor sour things. Acids are to them a deadly poison. Distilled water or even ordinary water is not sufficient for the growth and development of the cholera bacilli. There

must be a variety of solid particles, such as pieces of mud, in suspension in the water.

Klein and Bochart who did not believe in the comma bacilli, tried to prove that it was not the cause of the disease, by drinking a quantity of fluid that contained cholera material and also by swallowing cholera dejecta. While again a case is reported from the Hygienic Institute in Berlin, which is said to be positive evidence that cholera is produced by taking the comma bacilli. A doctor who had been engaged in work in the cholera course was attacked by the disease after 8 days' work. He developed all the symptoms of cholera, namely:—purging, vomiting, rice water stools, great weakness, unquenchable thirst, diminished secretion of water and cramps.

These descriptions of cases naturally led to various experiments in which Thiersch, Burdon Sanderson and others took part.

Koch himself also carried on various experiments, but the results thereof do not seem to us to be very satisfactory.

We will now look through Pettenkofer's contentions before we pass on to the more general considerations of the malady.

"He holds that the increase of cholera is due entirely to the increase of the 'drying Zone' near the surface of the soil—i. e. the lowering of the level of this 'ground water' and that the rise and fall in the level of this ground water is the principal factor in the production of conditions necessary for the outbreak of epidemics of various kinds."—Woodhead.

Whatever may be said with regard to the ground water theory of Pettenkofer, it is a well-established fact that cholera is propagated by a hot damp climate. The

following observations of Macleod and Koch will show clearly that it is so.

"Cholera makes its appearance in Shanghai every summer with startling regularity. Before the end of July it is hardly met with; by the end of August it is well marked, in September it is in full swing, not quite so virulent in October, and in the beginning of November an occasional case may be heard of, after which it disappears entirely till the next summer. For twenty years this has gone on with unfailing regularity under the observation of medical men now resident and for how long previously no one can estimate. He then goes on to describe the weather in June as damp and hot, in September as hot, damp and muggy, in October as cool and wet during the first part and as frosty, towards the end, at Christmas there is usually ice, there may be snow." He then says, "So far as temperature of the air is concerned, we enjoy tropical heat for nearly a couple of months before the disease breaks out; it is most virulent in the hot, damp September, and does not disappear until after the hoar-frosty mornings are experienced" (the end of October.)

Dealing with the same subject Koch has stated that in no part of the world, of which the climate, the geology, and the epidemiology are known, does cholera occur all the year round except in the province of Bengal, and he says: "All authors are agreed, that the delta of the Ganges is the true home of cholera, and I have come to the conclusion that this is the case, and that there are no other places of origin of cholera in India—for the only district in India, where cholera prevails continually year after year in a uniform manner, is the delta of the Ganges. In all other places it shows marked variations, or it may even disappear altogether for a shorter or a longer time. In certain places, for example in Bombay, it never entirely disappears, but it is

highly probable, that on account of the unusually active trade with the rest of India it is constantly being imported there afresh."

He then describes this tract as a perfectly flat country only slightly raised above the sea level,—which, during rainy seasons, is almost entirely under water in the lower part of the delta, where the "Ganges and the Brahmaputra break up into a net-work of water courses, in which the sea water, mixing itself with the river water, flows hither and thither with the tide, and at flood time places large tracts of the Sunderbunds under water. A luxuriant vegetation and an abundant animal life have developed in this uninhabited region, which is inaccessible to man not only on account of the floods and the numerous tigers, but is avoided principally on account of the pernicious fever which attacks every body who remains there even for quite a short time. One can easily imagine how dense the vegetable and animal matter is which is given up to decomposition in the marshy districts of the Sunderbunds, and that here an opportunity is afforded for the development of micro-organisms, such as exist in scarcely any other place on the globe. Peculiarly favourable for this are the regions between the inhabited parts of the delta, where the excrements of an unusually thickly populated country are washed away by the current, and flowing here and there, are mixed with the brackish water of the Sunderbunds, already teeming with decaying matter. Under these peculiar conditions quite a distinct fauna and flora of micro-organisms must be developed there, to which in all probability the cholera bacillus belongs; for everything points to the cholera having its origin in this district. All the greater epidemics have begun with an increase of cholera in the southern portion of Bengal. Jessore, from which the first intimation of the epidemic of

1817 came, lies on the borders of the Sunderbunds ; and Calcutta which is now the fixed home of cholera is connected with the neighbouring Sunderbunds by a marshy and sparsely inhabited tract of land. Now the comma bacillus finds in this district, contiguous to its presumptive home, the most favorable conditions imaginable to implant itself and to spread from one individual to another."

That the outbreak of cholera is more or less dependent on the water supply of the place is evident from the fact that mortality from the disease has not been reduced at all, until a new water supply was obtained when the mortality fell to about one-third. It also appeared that better sanitary and drainage system had little or no effect on it. Although Koch proves this thing by statistics, he says, he is not a supporter of the exclusive drinking water theory and he considers that the ways in which cholera can spread itself are extremely varied and that almost every place has its own peculiarities which have to be thoroughly investigated and the regulations which are to serve for the prevention of infection in the place in question must be drawn up accordingly. Now in summing up the bacillus theory of the disease we must admit that comma bacillus is one of the principal factors in the causation of the disease, even though we do not admit that it is the essential factor as it is nearly admitted by all the modern bacteriologists of the present time.

It has been held that one attack of cholera generally protects a person from further attacks at least for a certain length of time, although I regret to have to state that our experience has been somewhat to the contrary, being personally aware of two or three cases where they were attacked by cholera twice over.

On the strength of this Gamelia has tried to discover a

preventive inoculation and has carried on a series of experiments along this line.

Woodhead justly remarks that with all the modern improvements that have been made in the drainage system and water supply of lower Bengal, cholera has only diminished about 60 per cent., so that there still remain certain factors that favour the spread of cholera and every now and then such a spread or outbreak may take place with extreme rapidity and may invade a very wide area.

Cleanliness however both general and personal may be regarded as the most essential factor in the prophylaxis of cholera.

Morbid Anatomy—Death comes about so quickly in this disease that characteristic anatomical changes are very seldom observed but a post mortem diagnosis can be made by bacteriological methods, as the specific micro-organisms are quite distinct and separate. The blood in these cases generally becomes quite dark and thick and the amount of water and salts are considerably reduced. An examination of the stomach reveals nothing unusual. The intestines are generally filled with the rice water serum. The mucosa is found swollen, pale and anæmic. The bacilli are generally found in the intestine and also in the mucus membrane. The heart becomes flabby, the spleen is small and the liver and the kidneys show cloudy swelling. The lungs are generally collapsed. The body has the collapsed appearance but I have never seen a post mortem rise of temperature that has been described by so many authors.

Symptoms—The symptoms of the disease are varied and variable and although different authors have described the different stages of the disease as distinct and separate, we generally find them all mixed up together, as for instance we will find the patient in a complete collapse condition

while yet the initial diarrhœa is quite predominant. Sometimes we find reaction partially established when new distressing symptoms appear. But as a rule we may divide cholera into the following stages :—

1. The initial diarrhœa.
2. The stage of collapse.
3. The stage of reaction.
4. Complications and Sequelæ.

In most cases the onset is quite sudden. The patient gets up in the morning apparently healthy and all of a sudden he begins to have frequent loose evacuations. The first two or three stools are generally yellow and contain fecal matter, after which the patient begins to have the characteristic rice water evacuations. The urine also stops after the first two or three motions. Then again there are cases that are ushered in by a few preliminary symptoms such as general malaise, colicky pains in the abdomen, indigestion and diarrhœa. In some cases there is a marked rise of temperature, but as a rule this is an afebrile disease.

Along with the increase of the diarrhœa the collapse symptoms set in. In some cases there is great pain with abdominal tenderness. The patient gets exhausted very quickly, sometimes so much so that he faints after a stool. Thirst is excessive in many cases while in some it is wanting. Along with the exhaustion the cramps of the extremities set in. In unfavorable cases these cramps are more or less general. Heart cramp is a bad symptom. The face becomes shrunk and hollow, the fingers and the toes become pinched, the skin becomes greyish, the lips become blue. In very bad cases the tongue even becomes cyanosed. The skin is shrivelled and there is generally a cold clammy sweat.

The external temperature is generally subnormal, while the internal temperature is frequently 103° and 104°. The pulse becomes feeble and gradually disappears.

In some cases the disease sets in with such severity that the patient dies after one or two stools, in fact before purging begins. This is generally called cholera sicca.

Our friend Dr. Roy has drawn our attention to the copious sweating that is frequently observed in cholera patients. He is of opinion that this copious discharge (which is like sweat in appearance and which he calls an exudation of serum, a fluid constituent of the blood) is nothing but the transudation of serum of blood through the sudoriferous glands and pores of the skin and not by the natural activity or even overactivity of these glands which cease to work like the kidneys, liver or the salivary glands.

Whatever may be the intrinsic value of the theory advanced by Dr. Ray, it must be said in his favor that the copious sweating mentioned of in his book, is frequently met with in practice and it is undoubtedly true that this sweating has a most debilitating effect on the vitality of the patient. In this connection we will quote what Prof. Osler says about the matter. "There is almost complete arrest of secretion particularly of the saliva and the urine. On the other hand *the sweat glands increase in activity* and in nursing women it has been noted that the lacteal flow is unaffected.

Now we will mention a few words with regard to the stage of reaction. The first symptom that we generally observe is an improvement in the condition of the pulse. The imperceptible pulse makes its appearance once again and kindles hope in our bosom. But it will never do for us to be very sanguine, as there is no disease so treacherous as cholera. My father Dr. P. C. Majumdar very truly observes that we are never sure of our case until we have allowed

the patient an ordinary meal and to attend to his duties. There are so many unfavourable symptoms that may develop during the course of reaction.

As a rule, however, the collapse condition disappears, the skin becomes warmer, the abdominal tenderness disappears, the stools become more consistent and the urinary secretion is re-established.

Sometimes the diarrhoea lingers and becomes an unfavourable symptom. Sometimes again the vomiting persists and becomes a very distressing symptom. An obstinate hiccup is also frequently observed. But the most difficult picture obtains when the case assumes a typhoid form. The cholera patients generally sleep a great deal during the course of convalescence, and, as a rule, we allow the patient do so as it is very refreshing. But we must always watch and see that this is natural sleep and I am afraid, none but an experienced eye can detect it from the beginning, and it is very essential that it should be detected at the beginning, as the patient might very soon pass into the comatose condition which is a very grave complication.

J. N. MAJUMDAR, M. D.

A PAPER ON FEVER.

The elevation of the bodily temperature with the increased action of the heart (in force and frequency, or both) and the respiratory changes which the organism is sometimes subject to, are but changes occasioned by nature in her attempt to get rid of or render inert any toxic element either introduced from without or generated within the organism. This process is what we term fever in our ordinary parlance. If the normal balance between heat production and heat dissipation is lost, we have a body temperature either higher

or lower than the normal (98.4 F.); this deviation is called fever temperature and is the most essential symptom of the disease.

So long as the temperature lies within 103 F. we can call it that of a *moderate fever*, and the term *hyper pyrexia* is used to designate all temperatures ranging above 103 F. Such very high temperatures are seen in exanthemata, pyemia, sun-stroke and often in hysteria and are usually of a serious nature. The temperature in a human body is sometimes seen to go as high as 107F or 108F, or even as far as 112F but these cases are always fatal. The heat produced in fever has doubtless its origin in the liberation of energy in the process of tissue waste that goes on in the system during the course of fever. This also accounts for the rapid emaciation so often noticed in cases of high fever.

Even to the present day the medical science is imperfect as to the exact nature of fever, in all its forms, thus causing a great deal of difficulty and difference in their classification ; but considering the pathological changes occurring in the course of the disease we find that many fevers present well marked stages in their development.

The onset, or the initial stage, accession or the stage of acme or fastigium, and the decline or the stage of defervescence are generally the three stages which a febrile state is ordinarily divided into, according to the leading symptom groups it presents during these respective periods.

I. The onset of fever is usually marked by rigor or chilliness which may either be of a mild or a severe character. This latter form with convulsions are not uncommon in children. Occasionally a slow malaise heralds the advent of fever and pain in the back, headache, a feeling of sickness, thirst and lassitude are not uncommon symptoms attending this stage. This stage is often called the cold

stage of fever ; but though so called the temperature of the body in most cases is generally increased.

II. The first stage is soon followed by the hot stage. The skin now is hot and dry, most of the bodily secretions are dried; thus we have no perspiration, the urine is scanty and high colored, the mouth feels dry and parched, the tongue is furred, there is always more or less thirst but almost no appetite, the bowels are very frequently constipated, but they may be relaxed as in the case of typhoid fever. The temperature in this stage always rests above the normal, its extent depending on the intensity of the febrile condition, but this may vary a little, sometimes being high, at others low ; and often along with the natural rise and decline of the body temperature, (being lowest in the morning hours and highest towards evening). The rate of pulse beat and the number of respiration are also increased. The nervous system also presents symptoms of disturbance, and restlessness, anxiety, sleeplessness are only common symptoms, while delirium of a mild or a violent type is not infrequently met with in this stage. The loss of strength almost invariably observed in this stage, goes only to show the tremendous tissue waste that goes on in the system during this period.

III. The termination of fever when it takes a favorable aspect may come either by *crisis*, that is by a sudden termination of the symptoms, often accompanied with some discharge from the body such as profuse perspiration, copious flow of thick urine and occasionally diarrhoea, or it may come by *lysis* when the febrile phenomena gradually subside.

The unfavourable termination,—death,—may result either suddenly from *hyperpyrexia* or slowly from gradual tissue waste, the patient passing into a somewhat *typhoid state*.

Before going into a varied classification of fever it is necessary to note that fever may be either primary or secondary in nature ; the former, we call when the febrile symptoms are entirely independent of any other bodily derangement and form the predominant factor of the disease, the latter or secondary fever is termed when the fever is symptomatic of or dependent upon another morbid state with which it is found to be associated and which in most cases gives rise to it.

The classification of fever again, may be made according to the duration of the disease and like all other maladies it takes the name of acute and chronic fever, depending as it is of a short or long lasting course.

The next classification may be made according to the type taken by different fevers ; and though included in a common name, one type of fever often differs from another so widely as may justly demand a separate epithet for itself. It is sometimes difficult to distinguish each type of fever minutely, but certain well marked types of fever are recognized, and are determined by their clinical history and the peculiar characteristic symptoms they present.

Thus it is a *continued fever* when we have a fever whose temperature persists to stand over the normal temperature for a more or less definite period, uninterrupted by any intermission until the termination is reached (which is generally by crisis).

A *relapsing fever* is a form of the continued fever, when after the crisis is reached, the fever returns after a short time, a week or so, sometimes two, three or more relapses take place.

The term *remittent fever* is applied to that class of fever, most common in our climate, where the febrile symptoms undergo a daily diminution followed by a corresponding

rise in the temperature, the fever though not altogether leaving the patient until its termination. The most wasting of all fevers—the form known as *hectic fever* comes under this class, though often accompanied by more or less fatal symptoms.

Another form of fever also common in our country in which the febrile symptoms are marked by a distinct periodic subsidence after which they reappear is the *intermittent form of fever*. This form again is subdivided according to the duration of the period in which the symptoms reappear and are termed *quotidian* (when recurring in 24 hrs) *tertian* (when in 48) and *quartan* (in 72 hrs.) respectively. The term *malignant fever* is used generally to indicate all forms of fever when the blood undergoes a rapid degeneration, and resembles the process of blood poisoning in character.

S. GOSWAMI, M. D.

DAILY PRAYER OF A PHYSICIAN BEFORE VISITING HIS PATIENTS.

All-merciful God ! Thou hast formed *man's body with infinite* wisdom. Thou hast combined in him tens of thousands of instruments which are continually busy to preserve and sustain this beautiful whole, the garment of an immortal spirit. They are constantly and silently in motion, full of order and harmony. But if this harmony should have been disturbed in consequence of the perishable nature of the tissues, or through the uncontrolled fury of the passions, it is then that the body is reduced again to its original elements. But it is then also that Thou sendest unto man the benevolent messenger, disease that proclaims to him the approaching danger and impels him to escape from it in time.

Thy earth, Thy rivers, Thy mountains have been filled by Thee with remedial agents capable of alleviating the sufferings of Thy

creatures and of preventing their destruction, *provided Thy holy providence permit.*

And Thou hast imparted unto man the power to analyse the human body; to study its functions both in harmony or disorder, to fetch the remedial agents from their secret recesses, to investigate their curative virtues, and to adapt them, each in particular, to their curative purposes.

I have been appointed by Thy eternal providence to watch over the life and health of Thy creatures. I am now preparing for the exercise of my calling. Aid me in my purpose, all-merciful God, for without Thy aid man cannot succeed in anything, howsoever little it may be.

Grant that I may be animated by the love of art and of Thy creatures. Do not allow the desire of lucre, or the love of glory and ambition, to take possession of my heart, for these impure feelings are hostile to truth and to the love of man, and might easily cause me to swerve from the noble aim to do good to Thy children. Preserve the strength of my body and mind, in order that it may always be at the service of the rich and the poor, the good and the wicked, the friend or the enemy. Grant that a sick person may never appear to me in any other light than that of a suffering fellow feeling. Thou too createst man, and preservest him from no other motive than because he is a human being, *Thy creature*, without considering whether he is rich or poor, good or bad.

Keep my mind sound and unbiased, in order that it may correctly interpret perceptible phenomena, and not reason fallaciously in regard to the unseen features of the disease. Grant that my mind may never overlook that which ought to be seen, nor that it may ever pretend to see things which do not exist. In the art of curing the boundary between truth and sophism is scarcely perceptible.

Grant that my mind may ever be independent. At the sick-bed it should not be interested in anything but the patient. Grant that the treasures which experience and meditation have gather-

ed up, should ever be present to me when sitting with a patient, and that the silent workings of my mind should not be disturbed by anything while I am watching over him. For it is a noble and sacred work to preserve the life and health of Thy creatures.

Grant that my patients may have confidence in me and my art, and may follow my instructions with punctuality and make my mind willing to accept the advice of wiser physicians than I am. For the boundaries of art are immense and nobody sees everything. But, if fools should censure me, then let my mind, regardless of age or of the distinction they may enjoy in the world, remain insensible to their blame, let it firmly adhere to what it believes to be true, for it would be wicked to yield from mere weakness in matters concerning the life or death of Thy creatures.

Grant that my heart may bear with meekness the caprices of my patients and the foolish pride of my older professional brethren who consider themselves authorized, by virtue of their more advanced age, to tutor me or set me aside on every occasion. May I profit by their superior knowledge, but let not their arrogance disturb my peace of mind, for old age is not always exempt from folly and passion. Let me always remember that I too may expect to grow old under Thy providence, oh, God !

Grant that I may be content with everything, except with the knowledge I possess of my art. May I ever recoil with horror from the thought that I know everything ! Give me the strength, leisure, desire and opportunity to improve my knowledge unceasingly. The realm of art is boundless, and man's mind admits of an endless expansion.

All-merciful God, Thou hast appointed me to watch over the life and death of Thy creatures ; I am now about to enter upon the exercise of my calling.

Aid me in my work, that it may prosper, for without Thy blessing man fails in everything he may undertake.

Would that all physicians, both young and old, might imitate

our late Doctor Heim who was not only a philanthropist but also a Christian in the true sense of the word, and who, notwithstanding his eminent abilities used to say, I am a man and may err ; since my art is of great importance, my errors must be so likewise. This shows that he was not proud of his knowledge ; on the contrary, he acknowledged God as the only true helper, even when the efforts of physicians were of no avail ; and this it was (as is well observed by his biographer, G. W. Kessler) which, in the moment of danger, gave his mind that decision and calmness of reflection for which Heim was distinguished and preserved intact that warmth of feeling which is so easily chilled by the daily spectacle of misery and disease.

Would that all physicians might pray as Heim was in the habit of doing.

"God, grant me Thy aid, and bless everything good I may undertake. Give me strength to fulfil the duties of my calling worthily and with success, and, above all, with a cheerful mind."

It were desirable that the old school physicians should cease to look down upon homeopathy with contempt, but that they should be willing to *honour truth*, and to investigate the claims of the new method. Heim, following the example of his celebrated teacher, Ganbuis, did not hesitate to profit by the advice of so called quacks, shepherds, nurses ; and, though he did not practise homeopathy, yet he was without prejudice and open to truth.

Collected by PRAMADA PRASANNA BISWAS, L. H. M. S.

HAIR BALL IN STOMACH.

A case is reported by Dr. Frederick D. Lyon of a hair ball formed in a child's stomach.

The child had convulsions and the doctor was called in. The mother thought the convulsions were caused from whooping cough, which the child had had for about a week. Later the same night the child had another convulsion, and

the doctor was again called. The convulsion was over when the doctor arrived, but he remained awhile watching the child. He noticed the child pick at the blanket, and, pulling off some of the hair, put it into his mouth. The mother said this was a constant habit ever since the child was born, that he would pick at the carpet, his undershirt, in fact everything of a hairy nature.

The doctor, thinking that this habit might have something to do with the convulsions, gave the child some calomel; when the doctor called the next morning the mother stated that the child had passed a ball of hair about the circumference of a silver dollar. This ended the convulsions.

WATER THE KING OF BEVERAGES.

Water is the king of beverages; it is the beverage to which all turn when they would cure themselves of the injurious habit of consuming other beverages. But water that is not pure may be more harmful than the most harmful of other drinks. Every health department should emphasise the dangers of impure water and urge upon the public the necessity of giving this matter first consideration. "There is at my command numerous health reports bearing on this subject and it is not difficult to prove that the death-rate would be enormously lowered by greater care with regard to the consumption of pure water", writes the author in "What to Eat."

Water is the basis of all other beverages. All beverages of man's manufacture are water that has been adulterated by admixtures and chemical treatment.

Pure water is the one beverage which has stood the test of science and come down to us unscathed through continu-

ous use for countless ages. It is nature's chiefest blessing to man. Other beverages undergo many changes with time. Each age brings them forth in new styles, new methods of manufacture, new processes of chemical treatment, aging and keeping. Foods change with each successive generation. We eat different kinds of foods from time to time, each generation prepares them differently ; there are different methods of compounding them, different methods of cooking them. Pure water is the same yesterday, to-day and for ever. From long before the time of the Pool of Siloam, mentioned in the Holy Writ, to the present time, pure water has undergone no change, and people have never lost a taste for it. Other tastes come and go ; the taste for water never varies. So long as man and beasts inhabit the earth, the practice of drinking water will never cease.

Other beverages are of man's manufacture. Water is of Nature's manufacture. It is the only beverage designed by Nature for drinking purposes. Now which do you think is the better manufacturer of beverages for man's use—Nature or man ? Tastes for other beverages are acquired. The taste for water is natural. And water is the one natural beverage. No man can live without water, and any man would be healthier if he would drink no other beverage than pure water. No man can manufacture water. Nature alone holds the receipt for the making of this unrivalled beverage. The exhilaration produced from drinking intoxicants is unnatural and harmful, and each effect has a reaction which is as depressing as the first effects were exhilarating. The exhilarating effects of water are substantial, real and beneficial.

Of course some waters are better than others and there are springs and wells that have become famed throughout the world for the excellence of their natural products. Such

are the waters of Charlsbad. But America has won the palm from all other nations in the point of pure water.

Pure water is unrivalled as a table beverage, possessing a crystal-like sparkle that makes it beautiful as well as delicious. Water, to be delicious as water, must be tasteless. All pure water is colourless and tasteless.

Being absolutely pure, water is as healthful as it is refreshing and delightful.

VITAL ACTIVITY OF THE CELL— LIFE OF THE BODY.

BY WILLIAM L. WARRINER, M. D.

Herbert Spencer defines life as a continuous adjustment of internal relations to external relations. All processes of body are vital, to be explained along natural phenomena, like chemical and physical processes. Life is maintained, I believe, by special vital activity of the cells. While little has been written on this subject I think it is pretty thoroughly agreed that certain processes can only be explained through vital activity of the cells of the body, writes the author in *Medical Brief*.

It is not too much, perhaps, to say that the cells of the alimentary and digestive tracts have a mind, a consciousness, in their method of selection, retaining what is needful for the support of the body and eliminating all waste products. The whole process of digestion hinges upon the special vital activity of the cells in physiological secretion and excretion. I believe that by natural selection nourishment passes from the system to the blood and through the blood to the lymphatic system, where it is assimilated by the tissues. The food is not merely ground up into a soft pulpy mass and digested but passes through the alimentary tract, and, by

the vital action of the cells lining that tract, such portions are selected as are needed by the economy.

This is certainly true of the cells of secretion, and why not of those of excretion ? For instance, if you examine the cells in the glands of the stomach, they will appear identical in structure, both anatomically and histologically, yet part of them are secreting pepsin, part rennin, etc., etc., showing the power of selection there. In other words, a physiological selection is going on at all times. Necessary juices are secreted, differing in quality, yet the cells are practically alike

The juices of the stomach are secreted in the same way, by natural selection, through vital activity of the cells. Gastric juice, saliva, tears, in fact all secretions of the body are manufactured through the vital activity of the cells. Lymph is probably formed in the same way, by the selective action of the cells lining the blood vessels.

In the digestive tract, we have the selection of certain classes of foods, and their absorption, and this selection cannot be explained by osmosis ; as a proof that absorption is performed in this way, we know that in ordinary osmosis, albumen is not diffusible, but in this process of absorption through the cells it is readily diffusible.

All through the processes of life there is a physiological selection going on, and the cessation of this unconscious selection in any portion of the body is followed by disease.

BACTERIA GERMS NOT THE ONLY CAUSE OF DISEASE.

BY ALFRED J. WEED, M. D.

GERMS, bacilli, or invisible insects, as they are sometimes called by the laymen, are of less active danger to

human beings than one other producer of morbid conditions—the mind.

With a good robust mind, which is of itself antagonistic to disease, in a vigorous body one may laugh at a million germs or bugs, for they are harmless, except when nourished by conditions suited to their growth and these most favourable circumstances are only allowed to exist because of the absence of the acts of a good mind.

When one thinks disease, look out for danger. A scientific physician, and, deplorable as it seems, not all assert—well knows and will have to admit the fact to his friends and patients, and, accordingly, teach such as are willing to learn.

People are very slow to accept this fact, this well-meant advice, and to profit by it, and this seeming indifference may come from a feeling that the fact is not sufficiently proven, yet in such a case the person receiving such advice must consider the professional advice as coming from one able to know even if absolute proof is wanting. Things oftentimes must be accepted as facts in the absence of absolute proof. Where two theories are advanced and neither absolutely proven, the people must cleave unto that which seems most plausible eschewing the other ; therefore when a professional man proclaims one theory more logical than the other, why, we must accept it.

If a thought can in an instant of time hasten or retard the action of the heart, if it can dilate or contract the blood vessels causing a rush of blood to or from any part, can increase or diminish the secretions of a gland, if it can turn the hair grey in a single night, can force tears from the eyes, can produce great bodily weakness, even in a twinkling of an eye, yea, even carry instant death, then why is it not logical to conclude, without argument: that it may produce derange-

ment, even that continued derangement of the physical organism which we call disease ?

Instances are many where the acts of the mind not only produce disease, but perpetuate it. Indeed, in the experience of any busy practitioner of medicine, can it not be said that many morbid affections are caused by the acts of the mind ? Even the majority of cases of illness are produced alarmingly, by the thoughts. It is not unusual for some one returning from the funeral of a loved one to be taken ill and in a few days, to follow that one to the grave. We ask, what is it that causes this death ? Depressing thoughts.

A mother hears of some terrible calamity having befallen her child. She goes into a collapse, fever follows, and that mother may, for days, linger even unto death.

A man is seated at a banquet table, full of health and happiness, blessed in every way, his face beaming with exquisite pleasure and good cheer. A message is brought to him that his wife and little ones have been drowned in a flood. He turns pale. His beaming face is now as white as death. His appetite has departed. He falls from weakness. All the functions of the body are deranged. A doctor is called and the disease is diagnosed. But is it not the fact, is it not true, that the diseased condition was the result of what he *thought* ?

DISEASE.

The physician skilled in the art of healing, should at least know something of disease, of what he proposes to cure. What then is disease ? Dunglison gives the derivation of the word from the "old French *desais* an opposite state to that of health consisting in a change either in that of health in the position and structure of the parts or the exercise of one of their functions, or in both." Webster

defines the word as any deviation from health or function or structure. The cause of pain or uneasiness, distemper, malady, sickness (first effect uneasiness) or pain and the ultimate, death Here a primal cause is recognized, and its *ultima thula*,—death. Hence, disease may be and is a derangement of the vital force, an interruption or derailment of spiritual dynamization,—a disruption of vitality. God breathed into man the breath of life and made him a living soul (individual) ; this gave organic life and all the phenomena of life. When spirit-force is weak or derailed, pain, derangement ensues, and distress symptoms are evolved by the spiritual abnormality ; that physician, then, is wise who can read these distress words, and make his diagnosis and prognosis in unison with nature's law of cure. Suffering nature exhibits her distress signals, the physician observes them and inquires what remedies will produce similar phenomena. So in sickness, weakened vital or spiritual force is implied by a deranged spiritual agent, and sickness is a sequence of such derailed spiritual dynamis. Spirit the agent, the body the house, if the agent become inactive or absent the house will decay by nature's decomposing laws. If the spirit be not normal, its effects will be destructive ; disease then is not a *ponderable entity*, but a spiritual non-metrical entity, amenable only to spiritual law, discernible only to spiritual vision. The effect of disease may be measurable. Not so disease proper. God's spiritual dynamics gave life ; its partial withdrawal or interruption • produces sickness ; and its total obstruction, death. Disease, then is abnormal vitality or weak spiritual force. Life its full or partial union, and death the separation of organic force. When, then, spiritual and material union are threatened with disruption, distress symptoms are evolved and relief is called for. These symptoms call the physician ; and he should be prepared to interpret them. When they say : Chilly, skin dry, full round pulse, sharp or heavy pains, general fever, &c., he prepares Aconite ; but when coldness, cramps, vomiting, diarrhœa, with death-like paleness, then they indicate Veratrum album. When diarrhœa, general malaise, severe swollen face, gums and glands, then Mercurius is called

for. This is the law of cure, and all deviations from it are non-homeopathic.

If the disease is a spiritual aberration, spiritual law demands medicines appropriate to spirit-force *i. e.*, dynamical, or it must be divested of extraneous matter. Therefore the menstruum should be as free from crudities as possible and yet retain the medicine itself ; and necessarily, it should contain no antagonistic ingredients to retard its action, but should possess nutrient power to be absorbed as food or be eliminated from the system by the emunctories ; medicines, to act genially and forcibly upon spiritual life, must have color discharged, the spores thoroughly broken, or they become irritating, corroding elements reaching as a whole no farther than materialism when they will have to be remanded to the field of surgery to be treated as a mechanical hiatus. Yet, with all of Hahnemann's wise reasoning, his beautiful system of dynamization, we have so-called homeopathic physicians imprudently and egotistically claiming his garb because fashionable. We do not wonder then if an allopathic, heteropathic, eneropathic or eclectic (whose mind is accustomed to the regular bottle of "all sorts") exhibits massive and nauseous doses of heterogeneous irresponsibles. But for the self-claimed disciples of "similia similibus curantur" this theory will not be received kindly. But let us ask him, if a deficiency of chemical agent produces disease, why will not supplying the element cure—which it uniformly refuses to do ? Again, if sickness and death are caused by deficit of a chemical agent, will the restoration of that lacking element to the cadaver bring back life and health ? Let us remember that power is not equal to bulk. The smallest molecule of miasma will sometimes more profoundly affect the corporal man than the most ponderous allopathic bolus (a ponderous similia ?) Hence, we vote for infinitesimal doses for vital diseases.

(Collected by P. P. Biswas, L H. M. S.)

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TETANUS.

The success of our endeavours frequently emboldens us to undertake desperate tasks. Having been able to cure one case of tetanus neonatorum, I have tried repeatedly to undertake the treatment of tetanus cases, and finally I have come to the conclusion that many cases are amenable to medicinal treatment, if only we get them soon enough. The rapidity of the course of the disease and its fatal nature enjoins that we should be always well prepared with our armanentaria if we want to be successful in such cases.

Trauma as we all know is one of the principal causes of the malady and hence we should not forget such friends as Arnica and Hypericum. Aconite also is invaluable at times. The spasmodic character of the malady also suggests Cuprum which is at times a valuable aid. Cicutu also should not be forgotten in this connection. The flushed face and the severity of the paroxysms sometimes suggest Belladonna. It is particularly useful in cases of infants with lockjaw. Strychnia is an invaluable remedy in very bad cases. It is well known how truly Strychnia poisoning resembles this disease.

Physostigma is said to be very useful at times but I have not had good results with it.

Nux Vomica is useful in cases resulting from debauchery and exposure. Constipation is a common symptom in such cases. The *risus sardonicus* is also observed in these cases.

Raue reports a case where Mag. Phos. relieved. *

Angustura, Hyosciamus and Stramonium are some of the other remedies suggested.

Passiflora has been mentioned by some as relieving the distressing spasms.

Bryonia has relieved the pain and the stiffness in some cases in my hands.

Now I will mention some cases that I have had occasion to treat.

I. My first case was that of an infant four days old where there was great inflammation of the navel, with violent spasms, lockjaw and inability to swallow.

The inhalation of Belladonna 3x followed by the internal administration of the same remedy, saved this child from the jaws of death as it were. The boy is now 3 years old and is perfectly hale and hearty.

II. My next case was that of a young fellow, a hackney driver. He had an altercation with some people and he evidently got the worst of it. He was carried home and had high fever. This was followed by convulsions and ultimately all the symptoms of tetanus developed. When I saw him, his body was like a stiff piece of wood slightly bent backwards. His jaw was set and he would have frequent exacerbation when he would be in a fearful state.

I began the treatment with Arnica which did him the most good but he suffered long and I had to try many medicines. But the lingering nature of his malady made me sanguine as in this connection the Hippocratic aphorisms are

as true to-day as they were the day they were uttered. "Such persons as are seized with tetanus die within four days, or if they pass these they recover."

III. This case was that of a female. She fell from some height while working on the verandah and sustained internal injuries. She developed symptoms of tetanus from the third day.

In this case the indicated remedies seemed to have little or no effect. Ultimately I tried Sulphur and Laurocerasus but with equally futile results. Finally the people decided for a change of treatment and the woman died on the eighth day from the day of the fall.

IV. This was a case of a young boy who received a bad blow while playing with schoolmates. He came home sick and developed all the symptoms of tetanus on the third day, when he came under my treatment. As he was under allopathic treatment before, I began with Nux vom 30. The second day of my treatment he seemed to be somewhat better. But on the third day all the symptoms got worse and the poor boy began to have violent spasms. There was marked opisthotonus and great difficulty of breathing. It seemed to me that he would stop breathing at once, such was his agony. I gave Hydrocyanic Acid 6 every half an hour and my little man, like that epileptic dog of the French Academy of Medicine, was restored to life, although we had given up all hopes.

J. N. M.

MY CONVICTIONS REGARDING MATERIA MEDICA AND THERAPEUTICS AFTER OVER THIRTY YEARS' PRACTICE.*

BY WILLIAM JAMES HAWKES, M. D., LOS ANGELES, CAL.

In giving my conviction regarding materia medica and therapeutics, based upon nearly forty years' practice, it will be necessary to use the first personal pronoun more frequently than modesty would ordinarily warrant, but one cannot give his personal experience without speaking of himself. Personal experiences, when honestly and intelligently recorded, offer the best of evidence bearing upon any subject under discussion. The mental make-up of the witness is an important factor. Fearless desire to find and tell the truth is the first essential. Intuitive conscientiousness and a sceptical and inquiring turn of mind are valuable accessories.

I am sceptical by nature. Although a prize Sunday-school scholar in the old United Presbyterian Church at the age of ten, my questions propounded to our good old pastor on the tenets of the Confession of Faith, the shorter catechism, etc., when I was but twelve years of age, banished him from our home where he was wont to come twice a week to catechise us boys. He couldn't convince me of the justice or mercy of infant damnation; nor tell me where heaven and hell were; nor why the Omnipotent—the all-powerful—needed rest and “rested on the seventh day”; nor why it was right for the birds to twitter and sing on Sunday, while it was so venial a sin for me to play and be happy; nor how we were

* Reprinted from transactions, International Homeopathic Congress, Atlantic City, Sept. '06.

to know when Saturday ended and Sunday began if we had no clock.

When I concluded to take up the study of medicine I knew nothing whatever about it, of any school, excepting the vile taste and results of "the senna and salts" prescribed by our dear old family doctor and friend, Dr. Trevor of Allegheny, of whom we thought as much as we did of members of our own family. I observed, however, that many of the best citizens were patrons of the new school, and that the physicians of that school stood as well socially, morally and intellectually as any in the city. It occurred to me that the former were not all fools nor the latter all knaves, and I resolved to learn the truth for myself.

Homeopathy was probably as well represented in the city (Pittsburgh, Pa.) as in any city in the country, not excepting even Philadelphia. The four Dakes, J. P., B. F., D. M., C. M. (these letters have no reference to potencies), Cote, Herron, Childs, Burgher, and others were among the leaders. When our old family physician in answer to inquiry said the homeopaths were all frauds and quacks, he could not reconcile his opinion of them with their success and standing in the community, and that of their clientele. Many conversations with different physicians of both schools, gave me a strong inclination in favor of homeopathy, and I entered the office of Dr. Jas. A. Herron as a student. I had opportunity for learning but little before going to Philadelphia for my first course of lectures. (I would say, in passing, that I am convinced that students of medicine should begin their studies with a course of lectures. They can learn 50 per cent, more in the same time after that course than they could before it). What I did learn of *materia medica* and therapeutics was the doctor's favorite prescriptions for certain diseases, and I have since observed that he

had selected the two remedies (he always prescribed two in alternation) most often called for in such conditions: as rhus and bryonia in rheumatism and typhoid fever; belladonna and tartar emetic in one kind of cough, and phosphorus and bryonia in another and in pneumonia; ipecac and sabina in metrorrhagia; nux vomica and sulphur in constipation and hemorrhoids; belladonna and nux vomica in convulsions; arsenic and ipecac in asthma; arsenic and veratrum in cholera morbus, etc.

With this foundation for a knowledge of homeopathy, I entered the old Homeopathic Medical College of Pennsylvania, where I had the great good fortune during two sessions to listen to the teachings of Hering, Lippe, Henry N. Guernsey, Raue, Foote, and others, and I can freely say I never have known a more earnest and enthusiastic group of teachers than they. The clinics were especially interesting and instructive. I also frequently attended clinics in the University of Pennsylvania and in Jefferson Medical College, conducted by such men as Meigs, Pancoast, etc., and, my mind being unprejudiced and open for truth, I had an excellent opportunity of comparing modes and results; comparing later gave way to contrasting. Before the first winter was half over, I was a confirmed homeopath. When I contrasted the method in prescribing of Lippe, Guernsey, Foote or Raue with that of the teachers in the institutions named, I, as a reasonable being, had no other choice. I will give an instance illustrating the difference:

One old school clinical teacher had printed lists of diseases and the drugs used in each hung behind the rostrum and when a patient was found to have a certain disease the first drug on that list was prescribed; when the patient next reported, if no better, the second was given, and

so on to the end, unless the victim became discouraged or died.

It was in the clinics I first heard mention of potency. My preceptor hadn't spoken of any preparation higher than the 3rd, and as, I have said before, he habitually used the tincture and 1st and 2nd dilutions, and 3rd triturations. At the college the 200th potency was the usual one prescribed. To me it was a far cry from the tincture to the 200th, so that at first I was more than sceptical—I was an absolute unbeliever. But there was no gainsaying what my eyes and understanding so often saw during these two winters. It was the rule rather than the exception that those old chronics, afflicted with all sorts of ailments, from syphilis to ague, were cured or perceptibly benefited. This was especially true of ague—acute or chronic, clear-cut or obscured by drugging. The marshes along the Delaware Bay coast furnished many cases of intermittent fever to the Philadelphia clinics, and those old fellows cured the patients almost without exception, and with the 200th potency. Hence I was *almost* convinced that there was potent curative influence in that preparation. This “almost” became a real conviction after my experience in Smyrna, Delaware, in which town I had my first responsible practice.

I went into partnership with Dr. Charles L. Mahon, the only homeopathic physician in the place. His health was broken by the results of a combination of malaria, quinine and hard work. He was as bright and well-read as any physician I had met; an exceptionally upright and able man and physician. On leaving college I had provided myself with a complete set of Boericke & Tafel's 30th potencies. I had thus compromised between the mother tinctures of my preceptor and the 200ths of my professors. When I opened my “kit” and showed it with pride to Dr. Mahon,

he smiled and shook his head, saying: "those are no use here: In this aguish locality we all use quinine and crude drugs." (I neglected to say in its proper place that Smyrna is situated only a few miles from the Bay, and was filled with ague every spring and fall.) Naturally my faith in what I had seen done in the clinics was for the moment sadly shaken; but second thought recalled what I had seen so often and raised my confidence. I said to him, "I am convinced I have been neither dumb nor blind during all my time in college, and I am going to try these potencies."

It happened that fully two-thirds of the ague cases the first season after I joined him called for *natrum muriaticum*, the typical cases having severe chill every second day between 9 and 11 A. M., followed by very high fever, frequently delirium, and very severe headache, all relieved by profuse sweat; desire for much salt; almost complete relief next day, etc. Other cases where large doses of quinine, cholagogue, etc. had been taken were not typical, and the chill might begin at any hour of the day or night; but these had the craving for salt and the headache, and the history, where it could be gotten, showed that the case had been originally a typical *natrum* one. The result was that, with scarcely exceptions enough to prove the rule, only one prescription was needed in each case, and the uniform report was that the patient had one light chill on his second chill day and that was the last. (Sometimes in such cases a light chill would occur on the seventh day.) Dr. Mahon was a much surprised man, and I but little less, but he was broadminded enough, so that facts swept prejudice aside. The result was that he was cured of his own ailments and thereafter used in the treatment of intermittent fevers only the potencies. I would say here, parenthetically, that I am convinced that if there is one disease more than another

amenable to homeopathic remedies, it is fever and ague. Every such case can be cured by the properly selected potentized drug, and *natrum muriaticum* is the "King bee" of them all.

The truly (to me) wonderful action of *natrum muriaticum* in these cases made me say to myself that it would surely cure the other cases in which it was not indicated by the symptoms, and I tried it, but I might as well have given a pinch out of the salt barrel ! For it made no impression whatever, and about twenty other remedies were required to cure the non-natrum cases, it being necessary to select these according to their characteristics.

This experience laid the foundation for my second conviction, namely : to be in the highest degree successful "we must treat the patient and not the disease." The truth of this has been verified and the conviction strengthened by the experience of each subsequent year.

Both convictions were copper-riveted and clinched by seventeen years' experience as Professor of Materia Medica and Clinical Therapeutics in Hahnemann Medical College and Hospital of Chicago, where during that period I had charge of the general medical clinic in the college and the medical ward in the hospital.

I had no prejudice in regard to high or low potencies ; in fact, used the former less than the latter. I was aware, however, that a great majority of the students knew about and believed in the lower potencies, but that very few of them knew anything of, or had faith in, the higher. I was also aware, that many of the leading teachers and writers, in our professional history, and successful physicians in practice, believed in and used the higher potencies.

"When one has to do with an art, the end of which is the saving of human life, any neglect to make one's self thoroughly master of it, is a crime."—(Hahnemann.)

I laid these facts before the students and told them that we were there for the purpose of learning all we could of truth and fact about medicine; that we must as fully as possible lay aside all prejudice, and, with minds alert and conscience fearless, observe and accept truth and reject error. I assured them that they would never have a better opportunity of testing for themselves the question of potency, because in the clinics they would not have to risk pocket and reputation, as would be the case did they make such experiments in the beginning of their private practice; nor risk the lives of their patients, because the cases were nearly all chronic, in which a week or a month of no result would not mean danger or death, and these are the chief obstacles in the way of the young physician testing the question for himself. I had no faith in preparations made by uncertain and unscientific methods, labeled with fancifully high figures. I used the 30th, 200th and 1,000th of Boericke & Tafel. That firm assured me they would make affidavit at any time that their potencies were made by hand according to the Hahnemannian rule, and were exactly as labeled. To make the test severe, the 1,000th was used frequently. The results were surprising to myself as well as to the thousands of students who graduated during the period of my connection with the college, and to this host of bright men and women witnesses I refer the doubting. The patients were examined before the full class of students and the symptoms elicited in their hearing. One of their number kept records of the cases and another prepared the medicines and gave them to the patients. There was thus no possible opportunity for deception; and, as I said before, the results were surprising. They could not be gainsaid. One colleague accounted for the results by claiming that I hypnotized the patients! However explained or accounted for, the results firmly fixed at least

my faith in the "Science of Therapeutics" and in the curative action of the potentized drug ; and that faith has not only not been shaken, but has been, if possible, more firmly fixed by the experience of subsequent years.

It must not be understood that only high potencies were used, or that I advocate only such. High and low were prescribed indiscriminately, and good results obtained with each. The higher were used more frequently for the reason given above, namely : because we all knew of and believed in the low, while but a small number had any confidence in the higher, *and we were there to learn*. I am convinced that sometimes a high potency will do better than a low, and *vice versa* ; that until we have a law to guide us in the selection of one or the other, it is best to use both ; and that, other things being equal, the physician who uses both will be more successful than one who uses either exclusively. To the average student, his first glance into the *materia medica* is discouraging to the last degree, also many subsequent glances. There is much that seems contradictory, superfluous and confusing ; it seems cumbersome and far from perfect. To the beginner it seems as if he never could master it to a useful extent. But cannot all this, with equal truth, be said of other great and useful problems, and of other epitomes of great sciences ? Place a novice, in mechanics before an acme specimen of the modern printing press, and ask him to master and duplicate it. How utterly helpless and hopeless he feels ! Give one unacquainted with mathematics to solve a problem in Euclid, or ask him to measure the distance between the stars. Will he have less cause for discouragement than our prospective student of *materia medica* ?

But all these and other equally great problems have been mastered by study and hard work. "There is no royal road to learning." That which is of most value is most difficult to

gain. Idlers accomplish nothing. But, unfortunately, we are all naturally lazy and prone to follow the line of least resistance ; with us work is artificial stimulus. He is an exception who labors for the love of work. It requires hard and *continual* study and work to acquire and retain a useful knowledge of the materia medica ; and not one in a hundred of us puts in the necessary work. But if one does not know the materia medica and will not study it, he cannot apply it successfully, and when he lamely attempts to do so he fails, loses confidence and resorts to expedients. These, I am sure, are the reasons for the lamentable and unwarrantable lack of confidence in the efficacy of the "Science of Therapeutics", and resort to unscientific and palliative practice. I am ashamed to acknowledge that I know less of materia medica now than I did fifteen years ago, and it is because since I ceased teaching I have not had the same stimulus to study.

Hence I am convinced that the chief cause of present dissatisfaction with homeopathy and materia medica is lack of knowledge of what we already have, rather than defects therein. How many within the sound of my voice know the characteristic symptoms of one hundred of our seven hundred or more proven medicines ? How does one expect to recognize an individual unless he knows his features ? Each remedy has its peculiar symptoms. Of all the billions of human beings who have lived and died ; of all the hundreds of millions who now are living ; of all the uncountable billions who are yet to live and die in this world, no two have features exactly alike. Each has, or did have or will have, within the 6 by 8-inch space of his facial oval, one or more features of difference from all the others. These are his characteristics.

In the study of materia medica, I am convinced that the best plan is to learn and *commit to memory* the *characteristic*

symptoms—say, three to five of each remedy—and connect them in the mind with that remedy, rather than to give especial attention to their general symptoms, which are common to many. It is not sufficient in describing a man to say he has a nose, eyes, mouth, ears and hair—all men have these. They are his *general* features; we must know his *peculiar* features if we are to pick him out of a crowd. Pathognomonic symptoms are not good guides in prescribing. This is called by some, in disparagement “symptoms chasing.” So it is symptom chasing. But how else can materia medica be learned, since that is the way it is made? The making of materia medica—the proving of drugs—is surely “symptom chasing” in all its pristine glory. When a drug is being proved, symptoms—not conditions—are observed and recorded. Pathological conditions scarcely ever result from provings; symptoms always do, and it is these we record and learn and teach.

Hence am I convinced that the only true way to practise the “Science of Therapeutics”, is to learn the characteristic symptoms of each remedy and fit them as closely as possible to the peculiar symptoms of the patient. If one knows three or four symptoms peculiar to each of, say, one hundred and fifty medicines, he will not need to know anything more in nineteen of twenty cases he may be called upon to prescribe for. In the twentieth case he may need to consult his repertory.

While it is acknowledged that our materia medica is imperfect, I would offer a note of warning to whoever undertakes the task of revising it. Hahnemann and his students and co-workers, and the Herings, Lippes, Guernseys, Allens, Dunhams, *et al.*, have builded a wonderful work in our materia medica as it is. Who among us are fitted to safely revise it? The attempt would seem to be something

akin to a modern painter undertaking to retouch a Rembrandt. Efforts in that direction in recent years, while most commendable, have not been eminently successful, in so far as help in prescribing for the sick is concerned. The great danger in all these attempts is that the most valuable, because the least common, symptoms will be eliminated. Could we secure a committee of Hahnemanns, or Herings, or Dunhams to revise or re-prove the materia medica, we need have no fear but great hope of results. I, myself, have tried faithfully, in a small way, to make provings of drugs, but failed to accomplish anything worth publishing. Especially when I essayed to prove potencies above the 12th have I failed utterly of results. Hence am I convinced that the proving of drugs and revision of the materia medica is a very serious and difficult undertaking, and not to be lightly entered upon.

In conclusion, let me earnestly say that notwithstanding its great difficulties, and many imperfections, it is my unshaken conviction that the Homeopathic Materia Medica and the Science of Therapeutics, fairly well known and understood, furnish the best known guides toward curing the sick. For me, there is absolutely no temptation to go outside of the law in my efforts to cure, because a long and varied experience has convinced me that I can do better for my patients by following its teachings. This, of course, means only the administration of *medicinal* agents for the cure of the sick. All else is outside of the meaning of "*similia similibus curantur*," and belongs to no school.

Every fact discovered by science since Hahnemann's death, having any bearing on his teachings, instead of casting discredit upon them and him, has sustained the claims of homeopathy and added lustre to Hahnemann's memory. And I make the prediction now that the younger among us

will live to see the day when thinking physicians the world over will acknowledge the truth of "similia similibus curantur," as the discoveries of radium and radio-activity have already made all acknowledge the potency of imponderable agents, because both propositions are true.

Clinical Cases.

P. C. MAJUMDAR, M. D.

I. PRURITIS VULVA. *Caladium*.—A young married woman had been suffering from internal itching of external private parts from a long time. She came under my treatment in 1901. She had a miscarriage three years ago and since then she suffered off and on for these years.

There were pimples around the vulva. Itching was so great that she scratched the parts violently. The itching was aggravated at night.

There was slight white mucous discharge from the genital organ. The parts became hot on scratching. Application of cold water and other cold washes gave her some relief.

There was no swelling of the parts.

She was a robust woman but had become weak and somewhat emaciated.

She consulted allopathic doctors who wanted to operate.

Many external applications were made to no purpose. Arsenic 30, one dose morning and evening.

There was slight relief. Medicine continued for one week ; no more improvement.

Potencies from 200 and upwards were tried, but no more amelioration.

Parts frequently washed with cold water.

Caladium seg 6x morning and evening for six days.

She experienced much benefit and this continued unabated till a perfect recovery took place.

She had plenty of placebos. The medicine actually taken was for two weeks only.

She gained flesh and the discharge from the vagina entirely stopped.

Case II. Magnesia Phos. in a case of Renal colic.

I was called at night to see a patient suffering intensely from pain in the region of kidney. This was the case of a robust young Mohomedan gentleman with intemperate habits. He had that pain off and on for a period of six years. The last was when I was called in the year 1898.

When I arrived at his residence, he was screaming with pain in the right kidney.

The pain was violent, shooting and burning in character and paroxysmal in nature, better by rest and aggravated by motion. Fomentation gave him temporary relief. He was also relieved by pressure upon the part ; in fact he was bending double with a pillow. When the pain was at its height, he became restless and walked about in the hall to get relief.

I gave him a dose of Magnesia Phos. 6 and waited to see its effects. No relief in an hour's time.

The remedy was so truly indicated that I did not wish to change it for some others ; so I gave him one dose of the 30th potency.

The effect was charming. After about five minutes the patient slept and there was the end of the matter. I waited another hour and left for home. Next morning he was all right. Since then upto the present moment, he has never been troubled with his old enemy. I warned him to mend his ways. He abides by my advice to the letter and so enjoys good health.

Case III. Menyanthès in intermittent fever.

A young woman of robust constitution caught malaria in a notoriously swampy place out of Calcutta. She suffered long and was dosed as usual with enormous quantity of quinine. The effect of that kind of treatment as usual was not only ineffective but injurious.

The liver and spleen were enlarged and he was emaciated and bloodless.

When she came to me, she presented the following symptoms :—

Fever came on generally in the evening with hard chill. The feet were cold as far as the knee and the hands were also cold.

The patient remained dull and stupid during the heat. Even during heat she felt chilly on being uncovered. There was not much thirst in any stage of the fever. Some glow of warmth felt but no burning sensation. She had intense headache of a bursting character, more marked in the back of the head.

Urine scanty and high-colored. Menstrual function now stopped owing to anæmic condition, but formerly it was scanty and painful. There was slight obscuration of vision during the height of temperature.

Complained of pain and tenderness in the region of the spleen. Bowels constipated.

A good deal of perspiration at night caused complete intermission of fever.

Pulsat 30 was given during apyrexia at night. No effect on the fever in two days.

Menyanthès 30 two doses a day removed the fever altogether in three days. I used to give her an occasional dose of the remedy and the spleen and the liver were gradually reduced to their normal size. The menstruation was restored

after a couple of months' treatment. No other medicines were required for the complete restoration of her health.

SMALL DOSE.

Some homeopathic physicians are immensely agitated in mind from the fear of aggravation from our remedy in cases of disease. It has sometimes become a dread with very keen and nervous physicians.

We know of a gentleman in this city, a reputed and experienced physician of our rank, who told me that he never gave a single dose of medicine to one of his grandchildren when that poor boy suffered for three months from a certain disease. We are sure one or two doses of the well-indicated homeopathic remedy would have cured the boy in no time.

It is better, he says, to treat without medicine than to cause an aggravation. In this connection we should bear in mind what our master said about the smallness of dose and effect of aggravation in his *Organon*, sections 282 and 283.

"The smallest possible dose of homeopathic medicine, capable of producing only the very slightest homeopathic aggravation, will, because it has the power of exciting symptoms bearing the greatest possible resemblance to the original disease (but yet stronger even in the minute dose), attack principally and almost solely the parts in the organism that are already affected, highly irritated and rendered excessively susceptible to such a similar stimulus, and will alter the vital force that rules in them to a state of very similar artificial disease, somewhat greater in degree than the natural one was; this artificial disease will substitute itself for the natural (the original) disease. so that the living

organism now suffers from the artificial medicinal disease alone, which, from its nature and owing to the minuteness of the dose, will soon be extinguished by the vital force that is striving to return to the normal state, and (if the disease is only an acute one) the body is left perfectly free from disease, that is to say, quite well."

Here our readers will see that the aggravation from dose is not necessarily always so serious as our colleague before referred to thinks. If there is a good deal of suffering from overdose of the homeopathic remedy, an antidote or discontinuance of repetition of the dose, is all that settles the matter. Further in, the section 283 of his *Organon* Hahnemann laid down as follows :—

"How, in order to act really in conformity with nature, the true physician will prescribe his well-selected homeopathic medicine only in exactly as small a dose as will just suffice to overpower and annihilate the disease before him—in a dose of such minuteness, that if human fallibility should betray him into administering an inappropriate medicine, the injury accruing from its nature being unsuited to the disease will be diminished to a mere trifle ; moreover the harm done by the smallest possible dose is so slight that it may be immediately extinguished and repaired by the natural vital powers, and by the speedy administration of a remedy more suitably selected according to similarity of action, and given also in the smallest dose."

So there is no such alarm from an unsuitable and even comparatively larger dose of medicine as it is supposed by some. The dose must be as small as is consistent with a cure only avoiding as much aggravation as possible.

MATERIA MEDICA.

Cobaltum is a good remedy for backache. Its symptoms closely resemble those of *Rhustox*; so in a case where *Rhustox* fails, *Cobaltum* may be tried. Following symptoms are worthy of note in this connection.

Pain in the lumber region and small of the back. Aching pain in the small of the back worse while sitting and in rest, going off when rising, walking about and lying down. Backache with seminal emission.

On the generative organ its power is well-marked. Frequent nocturnal seminal emissions with bad dreams, waking him up from sleep. No emission with headache. Impotence, emissions without erections, severe pain in the right testicle better after passing urine.

Drowsiness and unrefreshing sleep are noticed under the pathogenesis of this remedy.

Cold air causes lachrymation and aggravation of pain in the teeth. Warmth of bed causes itching all over the body.

It is related to *Zincum* in backache and sexual debility.

Petroleum—the peculiar mental symptom that another person is sick in the same bed, had been verified in a case of mine during smallpox. The patient tried to drive him out of her bed.

Purulent character of all the discharges from the body is found in this remedy and I had several occasions to notice it. Nasal catarrh and *ozena*. Its curative sphere is very well-marked in cases of digestive derangements. Ravenous hunger but it is speedily satisfied after stools. Eructation frequent. Nausea all day with accumulation of water in the mouth. *Dyspepsia*, temporary relief after food. Violent pain in the stomach extending to the chest. Nausea and vomiting

during pregnancy. Sea-sickness with headache in the back of the head. Diarrhoea with indigestion, offensive stools and colic. Diarrhoea during the day and never at night.

It is a very useful remedy in cases of gonorrhoea in the chronic states. Herpetic eruptions on the scrotum. Its action on the skin is very marked. Various eruptions on the skin. Eruptions with thick crusts and deep cracks on the hands. Herpes Zoster, Herpes on perinium with great itching and burning. Bleeding fissures on the tips of the fingers, which crack and become very sore, aggravated in cold weather. Eczema which has lasted nine years, extending from left elbow to wrist, raw and moist though sometimes covered with thick crusts. Eczema on the back of the hands which are completely raw from the wrist to the fingers with burning, smarting and watery oozing. Eczema of the ears with fetid discharge greatly increased cerumen, deafness and roaring &c. Ulcers on the leg, sloughing and spreading. Intertrigo. Soriasis of the hands.—Allen.

WHY EAT MEAT ?

By JOHN H. GIRONER, M. D., IN COSMOPOLITAN MAGAZINE.

Tuberculosis, the Great White Plague, which kills one in every seven of the human race, is only a part of the penalty mankind pays for swallowing the flesh of animals. Whether man originally infected the lower animals with tuberculosis or whether the lower animals originally infected man, nobody knows. But it is certain that a very large percentage of those who suffer from tuberculosis—especially in rural districts—caught the disease from the flesh and milk of tuberculous cattle used as food.

Speaking of man's relation to the cow, in his book on bovine tuberculosis, Dr. Edward F. Brush says—"We are veritable parasites on the animal. We milk her as long as she will milk, and drink

it. We skin her, and clothe ourselves with her skin ; we comb our hair with her horns, while her calf furnishes us with vaccine virus for the prevention of small pox."

It is not possible to state precisely what percentage of the cattle in the United States are tuberculous ; but it must be large. In the Northern States some herds have shown that as many as 20 per cent are affected. This fact, together with the intimate relation existing between man and the bovines, so graphically stated by Doctor Brush, makes it inevitable that man should frequently contract tuberculosis from cattle. Without going into further details on this branch of the subject, suffice it to say that there is abundant evidence from all parts of the world, and by the best observers, that nations and communities suffer from tuberculosis in proportion as they are milk-drinkers and flesh-eaters.

Typhoid fever is frequently contracted from clams and oysters eaten on the half shell. These bivalves draw the water into their shells and strain out the animalcules, etc, and it is thus they obtain their sustenance. When taken from their beds by the oysterman, they instantly close up tight, retaining the water which happens to be in the shells at the time of their capture. The juice which we swallow with so much gust from the half shell is composed largely of this water. If the water happens to be contaminated with typhoid germs the eater becomes infected and in due time is down with the disease. Some years ago some students at certain college gave a dinner. All who ate raw oysters—some twenty—became ill with typhoid. Investigation showed that the oysters served had come from a bed near the mouth of a fresh water stream which was found to be infected with the germs of typhoid. Other oysters taken from the bed were found to have the infection in their "juice."

As clams and oysters grow in days and caves near the shores where the water is certain to contain more or less sewerage, the imagination can readily picture the character of the "juice," even though it may contain no pathogenic germs.

The man who ate the first raw oyster is often referred to as having been a hero ; but he is not in my judgment a greater hero than

the man who ate the first cooked kidney or the first piece of fried liver.

No doubt a vast majority of the people of the Western world look upon vegetarianism with contempt and ridicule, and consider vegetarians as a small coterie of cranks and weaklings. It may interest these same people to know that probably one-half of the billion and a half human beings on this globe do not eat meat at all. And vegetarians certainly have nothing to be ashamed of when Pythagoras, Plato, Socrates, Seneca, Plutarch, Tertullian, Porphyry and many other philosophers of ancient times were strong advocates of vegetarianism, and practised it.

Non-meat-eaters are of two classes ; those who rely wholly on the vegetable kingdom for food, and are called "strict" vegetarians ; and those who add eggs, milk, cream, and all dairy products to their bill of fare, and are called "lacto vegetarians." Just here I want to say a word about cooking. Most people boil their vegetables, cereals and the like in water. This removes a large percentage of the nourishment from them, especially the vegetable salts. Such foods when served consist largely of fibrous matter while the nourishment is thrown out in the pot-liquor. All vegetables, fruits and cereals should be steamed, not boiled ; then all the nourishing qualities are retained. This is why horses, can live and work on grain only. They take it raw ; the strength is not boiled out of it.

DRINK MORE, EAT LESS.

If people would take less nutrition and drink more water, there would be less rheumatism, gout, eczema and neuralgia in the world. The most frequent cause of these derangements is an excess of nutritive materials. The blood is surcharged with salts that are not needed in the system.

The rational way to cure such affections is to stop the cause. Drink more water, eat less meat and concentrated foods. This shuts off the supply of urates in the blood. Those who take active

exercise in the open air every day require a greater amount of nutrition. Not only do they use up the nutritive materials in muscular exercise, but the amount of oxygen inhaled because of their activities thoroughly oxidizes the urates and changes them into urea. If the blood is loaded with urates they are very likely to crystallise especially in those portions of the body where the circulation is the least and the temperature the lowest, such as the elbows, ankles, the toes and fingers.

Drink more water, eat less food. This is a prescription that is worth more to such people than all the drugs in the world. Shut off the source of urate poisoning, and the effects of urate poisoning will disappear.

INFLUENCE OF SUGGESTION.

BY C. E. HOFFMAN.

In eating, a person should eat what is placed before him with moderation, as long as it is good, pure food, with the understanding that it will do him good. He should never let the thought come up, or accept the suggestion, that it will harm him.

Should a person take cold, have headache, constipation, fever, etc, he should not think or say, "I know I am going to be sick, I can feel it coming on." If you do, you can depend on it you will be sick, as your inner-self will respond to your thoughts as well as the thoughts of others, as long as in a receptive and sensitive condition.

Should you have a cold, fever, or ailment of any kind, the proper way to overcome it is to hold the thought that it is contrary to Nature, that it does not belong there. that it should leave, and demand it to leave. And never let the thought come up that you are not improving. Insist on it that you are getting better, and you will be surprised at the difference it will make in your health.

My remedy is when retire for the night, to insist that I shall wake up in the morning free of my ailment and be in perfect health. Also I ask my spirit friends to help me. In this way I have cured

myself in a couple of nights of a disease. I had for years used all kinds of remedies for it, without any benefit.

If parents knew the effect the remarks have on their children such as, "Where did you get such wet feet?" "I know you will take cold"; "You surely will be sick," or "Come away from that window and out of that draught, you will take a cold," they would be careful not to make them, but would say, "It is too bad, you have wet feet, we will dry them, it will not harm you, but will do you good, etc. By following this rule you will find that you will very seldom, if at all, need a doctor.

CHEMICALS, NOT GERMS, PRODUCE DISEASE.

The tendency of the present day to ascribe all diseases of an epidemic nature to germs has become so universal almost that it seems to have become forgotten that great epidemics of diseases have visited whole communities at times directly traceable to a deviation alone in the chemical adjustment of the body.

Take, for instance, scurvy, that scourge of the sea at various times, and of the land as well, in various of the great wars. No suspicion of germs in that disease is entertained. On the contrary, it is clearly and unmistakably proven to be due to the deficient supply to the body of such chemicals as are found generally in potatoes and green vegetables such as, for example, the carbonate of potassium; it may be set down emphatically as a chemical disease, or rather, speaking more correctly, as a negative chemical disease.

To any one completely carried away by the germ theory of disease, the possibility should at once suggest itself that the emanations or odours, or scents, or, in a word, the chemicals in gaseous form arising from the patient, are as likely to be the prime factor in causing the outbreak of the disease in others—visitors to the sick room as well as through them conveyed to others at

distance, without in any manner whatsoever depending upon germs for the contagion or the infection or the so-called propagation of disease.

The chemical adjustment of the body is so delicate that the presence of certain chemical in the atmosphere is just as capable of causing a long train of phenomena, that we call symptoms, as does the mere absence of some certain chemical ingredient from the food, as we find in the case of scurvy.

When we come to realise the extraordinary amount of activity contained in even the most infinitesimal quantities of certain chemicals, and also the fact that they can be conveyed everywhere from the original point of disease in quantities sufficient to set up disease in hundreds of places until finally too attenuated to operate further it should certainly command at least some of our attention.

There are dozens of things pertaining to epidemic diseases, totally inexplicable by means of the germ theory that are as plain as daylight when read in the light of chemistry.

To sum up briefly, we should expect to find :—

1. As a corollary to the epidemics of scurvy, due to an absence of chemicals, epidemics of other diseases due to the presence of chemicals, either in food or in the air we inhale.

2. From the peculiar properties inherent to chemicals, we should expect to find them capable of duplicating all the effects hitherto accredited to germs.

3. That particularly in gaseous form they are capable of producing these effects to an almost unlimited extent, both by nature of the great quantities, developed in this form and by the ease with which they are conveyed to distances clinging as they do it to clothing, letters, etc., in a manner similar to perfumes or scents of flowers but unlike the latter in their usually pleasant effect bringing with them wherever they go the baneful message of a withering destruction.

EARTH AS A HEALING AGENT.

An article that has been going the rounds of the newspapers gives the account of a young girl who had been bitten by a snake. The limb became badly swollen before her father could get her to the nearest physician, who was some miles away. When he reached the doctor's office, he said he could do nothing for her, that it would be impossible to save her life.

The father in his desperation took the girl and put her in a hole in the ground, packing the earth all around her up to her head. In twenty-four hours the girl was taken out again, and the swelling and poison had entirely disappeared.

The action of the earth on the human body is not unknown in cases of pain, inflammation, snake-bites, bee-stings, etc. It is one of Nature's cures. Perhaps it is not used now as much as it used to be but yet we find every now and then doctors who believe in Nature's cures, advising their patients to walk barefooted on the ground, to sleep on the earth, etc.

There is no doubt that the earth really has a curative value. Mud baths are another one of the cures that have come from the value to be in the application of earth.

Farmers who break the soil early in the spring, and work in the fresh upturned earth, have always noticed the refreshing effect of it, and the keen appetite it gives them. In the autumn, when potato-digging time comes, boys following the plough through the fresh, warm earth picking up potatoes have an appetite so intensified that it seems impossible to satisfy it. This is doubtless largely due to the invigorating qualities of the earth. There is no doubt that earth is one of Nature's remedies as well as sunlight, air, water, food, etc.

WASHINGTON STUDENT HONORED.

We have got the following news from the Washington Post of the United States of America :—

J. B. Gregg Custis, Jr, who held the district of Columbia scholarship at Johns Hopkin's University for 1902 and 1903, received the degree of Doctor of Medicine from the New York Homeopathic Medical College and Hospital, and also the first faculty prize awarded to the student obtaining the highest average in all branches during the 'four years' course. He has received after competitive examination, the first appointment at Flower Hospital.

We are extremely glad to receive this news. His father Dr. Custis is an eminent homeopathic physician of the city of Washington and has got an extensive practice there. He is a staunch Hahnemannian and did a great deal towards the improvement of the status of homeopathy in the United States. We hope the young Doctor will follow the footsteps of his illustrious father. We congratulate Dr. Custis for his brilliant success.

TREATMENT OF MALARIA.

Allopathic doctors become now-a-days almost hopeless about the virtue of quinine as a protective and curative measure. They have now hit upon mosquitoes as the cause of malaria and so tried to destroy them. Some maintain that quinine must be given to protect the individual from the influence of the parasite, but to protect other individuals something else must be done. It is possible, they say, the stamping out of malarial epidemic can be achieved by putting the patient in bed protected by mosquito-netting. This, means, they assert, is preventive and curative of malarial fever.

It may be preventive but cannot be curative. Quinine alone is not the medicine in such cases, but other indicated remedies must be brought into requisition. This the allopathic

doctors don't know. Homeopaths know it clearly and can cure cases promptly and permanently.

THE TRANSMISSION OF MALARIA FROM MOTHER TO FÆTUS.

Formerly this question was unhesitatingly answered in the affirmative. Since the discovery of the malaria plasmodia, however, it has again become doubtful. Pepozouloffs and Cardamatis of Greece examined most thoroughly six new-born babies of malarial mothers, but found no trace of plasmodia. The blood of the placate on the maternal side contained numerous plasmodia, but on the fætal side none were found. The same results were obtained also in the umbilical cord. The authors were thus able to confirm the statements of Bignami and Sereni to the effect that malarial infection of the mother exerts no influence upon the development of the fætus.—The Post Graduate, U. S. A.

We take exception to the above statement. We have repeatedly observed new-born babies affected seriously by the malarial influence of the mother. Many babies are found born with enlarged spleen and liver as the effect of malarial infection.
(Ed., I. H. R.)

THE CALCUTTA HOMEOPATHIC SOCIETY.

The members of this society met at the society rooms on the 27th May. Dr. P. C. Majumdar, the President, was in the chair. Dr. Gopal Chandra Mittra read a very interesting paper on Gelsimium.

Dr. Mitter did full justice to the subject. He analysed the medicine first from the pathogenetic point of view, giving detailed and characteristic symptoms which were followed by

therapeutic application of the remedy. It was an exhaustive review of our Materia Medica of this medicine. Discussion was opened by the president and many members of the society took active part in this matter.

This society is doing an immense good to the cause of Homeopathy in this land of ours. We are sorry to see many of our colleagues absenting themselves.

Heat was intense, so the meeting took place on the terrace of the building where arrangements were made for ample accomodation. Dr. R. Banerji the asst. secretary deserves our thanks.

THE HOMEOPATH'S SOLILOQUY.

BY J. P. RAND, M. D., WORCESTER, MASS.

To amalgamate, or not to amalgamate, that is the question ;
 Whether 'tis nobler in the mind to suffer
 The slings and arrows of outrageous ostracism,
 Which we have long endured, or accept the honeyed
 Solicitations of the seductive Allopath,
 And by accepting, end them. To amalgamate, to affiliate,
 No more, and by affiliation to say we end the ridicule
 And countless petty slights of jealous confreres,
 'Tis a consummation devoutly to be wished ! To amalgamate
 to affiliate ;
 To affiliate ! perchance be taken in. Aye, there's the rub ;
 For once within the Allopathic Trust, what voice have we
 For our surrendered rights, must give us pause ;
 There's the respect that makes sectarianism of so long life,
 For who would bear the arrogance of professional "heelers,"
 The braggart's boast, the scoffer's jibe, the layman's contumely
 The pangs of a despised sect, its law denied ;
 The insolence of office and the taunts our worthy patients

If the untutored take, when he himself
 Sure armistice might make by recantation.
 Who would struggle on to keep alive an unesteemed School,
 But that the thought of persecutions past,
 That kindred thought of obsequies ahead,
 Puzzles the will and makes us rather choose an humble state
 Than pledge allegiance to, we know not what.
 Thus Caution does make sceptics of us all,
 And thus the fairy tales of bliss millennial
 Are sicklied o'er with sacrificial fears,
 And deep designs for legislative deals ;
 With this regard our thoughts are turned awry,
 And like a fool with double vision vexed,
 Two "paths" we see and know not which to follow.

AIR BATHS IN GERMANY.

Any one who notes carefully the advertising signs of the large German towns, and also those of German Switzerland, will be struck with the frequent recurrence of the words *Lichtluftbad Anstalt*. A little further investigation will show that the building on which this sign is placed is surrounded by a high fence, and if one goes inside, numbers of men and women will be found disporting themselves in the open air. These people are clothed sufficiently, but the clothing they wear is light to a degree, and it admits all of the air and sun possible. A little more inquiry, and the stranger will find that this establishment is but one of a large number scattered throughout the whole of Germany, and that it stands for a new method of returning to nature. There is nothing of the fad about the method, however, and close investigation will show that the results obtained are excellent and permanent.

Professor Schneider in the Central-blatt für Allgemeine Gesundheitspflege (Bonn) discusses the new treatment in enthusiastic terms, telling us that if there is one thing man has remained behind in

during the great progress of the last fifty years, it is the care of the body. And with all the unreason of the situation, we consider disease the curse of God, instead of looking the matter clearly in the face and recognising that our physical failings are, in the great majority of cases, caused by violation of the laws of health of the satisfaction of abnormal appetites. With the increase of disease, however, great efforts have been made to get rid of it, and among these efforts that of physical culture is the most pronounced to-day.

. Man "is not a water animal but an air animal. Air is his element and this element is vital" in health and disease. Therefore we find the air-bath highly recommended by experienced physicians ; we are told to live in the air, sleep in the air and bathe in the air. And the salutary effects of this advice are not slow in appearing. Diseased and nervous persons grow stronger and in the majority of cases, well under this regime and the constant movement and gymnastic exercises which are incident to the treatment are valuable auxiliaries in the curative process.

At first the air baths were used only by sanatoriums but later they were developed by associations and now the initiative is being taken by municipalities. Professor Schneider advises all cities and towns to acquire as soon as possible a parcel of ground and turn it into an air and sun bathing-place for the people.

It will be found that this returns as much interest in health on the investment as hospitals and tuberculosis solariums. The ground should be chosen at a point which is not exposed to the wind, but it must be in the open and isolated from dwelling houses as much as possible, in order that purity of air and freedom from observation may be assured. A ninefoot fence is also indispensable . And the earth must be sodded if it is not already covered with grass. In one portion of the plot a pile of sand should be placed as a lounging-place on warm days, and ample douching facilities should be provided. Gymnastic apparatus must also be a part of the establishment as this is an important feature of the treatment.

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MALARIA AND SOME COMMON SENSE PREVENTIVE MEASURES.

While plague and cholera are still playing havoc with the people of the country, malaria seems to claim a share in raising the mortality of Bengal.

Like tuberculosis of civilized places, malaria is responsible for the largest number of deaths in the mofussil.

Every year with the advent of the rainy season, the disease makes its appearance and begins to get worse and worse along with the putrefaction of animal and vegetable matter that takes place during this time and slowly disappears again along with the re-appearance of the winter when the stagnant sheets of water which abound in this part of the country and which form the reservoir of these decomposed substances, begin to evaporate and ultimately dry up.

Now most people who have had comparatively mild attacks recover about this time and return to their usual avocation though somewhat run down in health, while others who are more susceptible to the disease or who have had several violent attacks generally run on to that

dreadful condition well-known in medical literature as malarial cachexia.

What is the ultimate result of all this? The poor who generally suffer the most, resort to their only friend quinine which suppresses the fever for the time being in some cases, but which is by no means a panacea for the malady as it is so erroneously supposed by many but which is not the case, since statistics have conclusively proved that the mortality from malaria is increasing every year inspite of all the quinine that is there in existence. While the rich run for the health resorts of Madhupur, Baidyanath, Darjeeling and other places, leaving their hearth and home to go to destruction. It is a most astonishing thing that while people seem to be quite willing to spend large sums of money for medical attendance and for obtaining climatic change, no body stops to think why it is that we suffer so much from malaria. Some seem to think that it is the railway that is responsible for all the malaria in the country, for in many places where there was no malaria before, it has made its appearance since the construction of the railroads, which as in many places obstructs the natural outlet of water. Then again some people are inclined to blame the Government for not constructing regular roads and drainage system in the country but no one seems to care to look at the real cause of the disease which lies so close at hand.

One day while visiting a rich cousin of mine, it struck me as very strange that his family kept peculiarly good health in spite of the fact that he lived in one of the most malarious places in the country. I asked him, if he ever suffered from malaria. He said there was no such thing as malaria in his house. And what was the reason? He always took good care to see that his house was kept thoroughly clean, that the environment of his house were also kept in a similar good condition.

the trees were properly trimmed, the ground was kept scrupulously clean, the drainage system of the house was also perfect. No stagnant pool of water was allowed to stand anywhere near the house. No wild vegetation was allowed to grow in the place. When I say this, many people would be inclined to howl, saying all are not equally rich and every body can't afford to do all this. To them I would say every one is not in possession of such a big house. We must learn to keep our small house clean and see that the surroundings are also kept clean. If every man would do his duty, much of the disease of the country would disappear. We should always remember that (1) our body should always be kept clean ; (2) our clothes and bedding should be clean, (3) our home and surroundings should be kept neat and clean. If we do these things, much of the disease of the country could be done away with and the people as a race would improve. We must remember that the days of rubbing the floor with cow-dung is gone and no amount of washing our clothes in the Ganges water would do for practical use although it may do for religious purposes. We must remember that the days of cowdung and Ganges water are gone and phenyle and soap and the germicidal preparations have taken their place.

J. N. MAJUMDAR, M.D.

A SUSPICIOUS GROWTH. WAS IT MALIGNANT ?

G. E. DIENST, Naperville, Ill.

On July 7, 1904, a stoutly built, dark-haired, and sallow-complexioned German lady called at my office for consultation and medicine. She was 49 years of age and apparently well nourished. Had passed her climacteric two years previous.

Her story was not long, but interesting. Up to her forty-eighth year she had enjoyed fair health, with the exception of a very excoriating leucorrhea. This had been so severe for fifteen years prior to the menopause that her thighs to the knees were one mass of crusts. These all passed away with the cessation of the menses. She is the mother of two children who seem to be healthy.

She now complains of feeling despondent, and at times spends an entire day in weeping and lamenting about her condition and family affairs the latter being no real cause whatever for any sorrow. Her face is turning an ashen hue, and she has the appearance of one who is suffering mental or physical pain. After some exercise of patience the following symptoms were obtained:

Hot flushes, they drive her almost to desperation.

She complains of a tumor in the left mammæ, also in left axilla.

She has always suffered more, when she did suffer, on the left side than on the right, and felt very miserable in the morning on waking; as the day wore on, however, she usually felt better.

On examining these tumors, I found the one in the breast as large as a hen's egg, oval, moveable and painful on pressure.

The one in the axilla was about one-half as large, also moveable, and painful on pressure.

On soliciting further symptoms, I found these tumors painful most of the time, and that to be alone very much aggravated all her symptoms, often resulting in prolonged paroxysms of crying.

This was all I could obtain without direct questioning, and I let the matter rest here, while I set to work on a diagnosis and treatment. The disappearance of an eruption and

excoriating leucorrhœa with the menses, the pallor in an apparently stout woman, the painful growths in mammary and axillary glands, and the great despondency led me to diagnose the case as one of malignant growth. As to the line of treatment to be pursued, two methods suggested themselves; surgical and medical. Looking at the case more carefully, I reasoned that surgery could but remove what the disease had produced, leaving the disease intact to reproduce similar growths, or change its base and reproduce another form of morbidity more difficult to control. For this reason surgery was excluded. To treat this case medically, I at once saw that, that which furnished nutrition for morbid growths must be removed or I will fail in curing either patient or growths.

How will I find a remedy that will accomplish my purposes? For after ruling out surgery I must do with medicine that which I reasoned surgery could not do. A search for the remedy was begun, how shall I find it?

You will notice that there are but few major symptoms in this case; *those <from being alone, hot flushes and cessation of an eruption followed by internal growths.* I find but one remedy similar to these conditions and symptoms, namely, Lachesis; of this I gave a dose in the cm. potency.

On August 1st she returned, with the following symptoms: "I do not feel so well, the lump in the breast is about the same, the lump under my arm seems larger, the pain shoots down the arm and up to my head. I do not perspire as much as I did, the hot flushes are worse at night on going to sleep, they are preceded by a sensation of chilliness and followed by a sweat."

This certainly did not look encouraging. I thought the case over, and concluded to repeat my remedy, in the same potency.

On August 27th, nearly a month later, she reported the following: Very much better, the lumps in the breast and under the arm are growing smaller; there is still pain, but it is dull instead of being sharp; the severest pain being under the left clavicle. I gave no medicine at all, and told the lady to report later.

On October 2nd, 34 days after this consultation, she has a sensation of coldness on the upper outside portion of both arms; the lump in the breast is growing smaller; there is no pain nor discomfort; the lumps under the arm pained considerably after the last medicine, but does not pain any more, there are no more hot flushes. No medicine.

On October 29th she reported having taken some cold; there was some pain in the left shoulder and arm.

I repeated my remedy in the same form and potency. There was no further report from her until January 11, 1905. There were really no symptoms at this report, as she was feeling better in every way; the growth had almost disappeared.

It was my purpose to let the case rest here, but fearing a return of the growths, repeated the prescription given on October 29th, and told her to report at her leisure later on. I heard nothing from her until the following April, when she came and told me that she was feeling better than she had felt for years; and that the growths had entirely disappeared. There is no more weeping, very little if any melancholy, and life had assumed a more pleasant aspect. There was no return of the leucorrhœa nor of the eruption.

It has been my pleasure to see this lady frequently since then, and I am pleased to say that she continues in good health.—*The Medical Advance.*

WE LEARN MORE BY OUR FAILURES THAN FROM OUR SUCCESSES.

In the last decade or more, since I have been practising in the city of Calcutta, I have observed that we have always learnt more by our failures than from the successful cures that we have been able to make by the administration of drugs according to the law of similars. Now if we chance to hit upon the right remedy, a cure is effected in the shortest time sometimes and in most desperate cases and we rest content thinking that we have done our duty.

While in difficult cases where we cannot make a positive diagnosis, where we do not get at the characteristic symptoms or where we fail to select the similitum, there is where we have to wade through a vast amount of medical literature to be able to come to a right conclusion. I lost my first case of cholera where I thought Verat. alb. was well indicated, and I have cured many cases by the administration of remedies like Arsenic, Cuprum, Colocynth, Carbo Veg &c., but I can say this much that I know more about Verat. alb. than I do of these remedies. I lost my first case of pneumonia. Since then I have had most desperate cases of double pneumonia and I have been able to cure them and I think I know more about pneumonia than I ever would have known, had I been successful with the first case.

We were unfortunate in losing a couple of diphtheria cases at the beginning. Then we rummaged through diphtheria literature and we have been wonderfully successful in curing some very bad cases lately. Every case treated successfully brings joy and contentment and every failure brings disappointment and with it the desire to know more and to learn wherein we erred.

J. N. MAJUMDAR, M. D.

PNEUMONIA CASES.

One night about 9 P. M. I was called in haste to treat the child of Babu K—, suffering from fever with cough and dyspnœa. When I arrived, the child's temperature was 105°. She was very restless. She had a dry constant hacking cough. There was slight moisture of the skin with great dyspnœa. The patient's people thought that she was slightly delirious as she frequently laughed and cried without rhyme or reason. The patient had been under allopathic treatment but since the afternoon there was another homeopathic physician in attendance. I found on examination both the lungs affected, the right one much more so than the left one. There were fine crepitations distinctly audible over both the lungs. The allopathic doctor in attendance had given up the case as being a very bad one.

We began the treatment by giving a few doses of *Belladonna* 30, every three hours, during the night. The next morning the temperature was 99, and from that time on the patient made a beautiful recovery, although she received one dose of *Bryonia* 30 for the pain &c in the chest and a few doses of *Merc. sol.*, *Arg. nit* and *Sulphur* at the end for looseness of the bowels that gave her trouble towards the end of her disease. She is a perfectly healthy child today.

Lately I was called to see a youngman suffering from fever with cough, general malaise, pains, restlessness &c. He had been suffering for some six or seven days, when I saw him for the first time. He had a dry cough with pain in the chest and slight headache. The bowels were rather constipated. I gave *Bryonia* 30 three times during the day. The next day I saw him again and I found him in the same state, only the bowels had become rather relaxed. He had four or

five loose motions since the previous afternoon. Pulsat 30, every three hours, that day.

No improvement the next day. The fever rose to 103°. He became restless. The cough became worse, 'bronchitic rales were heard over both the lungs and there was a glary expectoration which gave the patient no relief. The bowels continued loose as before. Kali Carb 200, one dose, followed by placebo, every three hours, during the day.

No perceptible improvement this day.

Moreover, the patient became drowsy and it was difficult to rouse him. The bowels were just as loose and more offensive. Fine crepitant rales were heard over the left lung. Baptisia 1x, every three hours, during the day.

No improvement on the following day.

Psorinum 400, one dose, followed by placebo, every three hours.

Now as the patient began getting worse and worse every day, the patient's friends and relatives were all inclined to change the treatment and, to speak the truth, I myself would have been glad to give up the case. But the patient's mother had great faith in homeopathic treatment and she wanted me to continue treating the boy. The neighbours in the meanwhile strongly urged to have allopathic treatment as they thought homeopathy was no treatment at all. There was a typhoid case in a neighbouring house, where they had the best of doctors and the best of treatment. There were ice-bags and poultices, blisters and plasters, flannel-jackets, hot water bags, big bottles of mixtures, hypodermic injections &c. &c. This was scientific treatment and the people could understand and appreciate it. And look at this. A good for nothing doctor coming and examining the patient, putting a few drops of colorless something in a bottle-full of aqua pura and going away. What nonsense ! Is this treatment ?

But fortunately for our young patient and unfortunately for the other fellow, the poor patient under the strictly scientific treatment, had a violent abdominal hemorrhage this day. Our patient's mother hearing of this, begged of me to continue treating the boy, as she would not like the other treatment in any case.

The next day when I saw the patient, I found him somewhat better. The diarrhœa had stopped and his brain seemed to be more clear. But I was sorry to find that the lung mischief had continued unabated. Moreover the expectoration had become muco-purulent and blood-streaked. Phosph. 200, one dose, followed by placebo.

The next day there was no marked difference, only the expectoration had become more free.

I gave one dose of Psorinum 400. This was followed by placebo.

The next day the patient seemed to be better in every way. The expectoration had become more easy and there was a decided fall in the temperature.

From this day onward the patient made an uneventful recovery and needed no other remedy.

J. N. MAJUMDAR, M. D.

A "REGULAR'S" TREATMENT OF LA GRIPPE.

In two of the recent issues of the *Medical Record*,* diametrically opposed statements are made regarding the therapeutics of la grippe. One writer states that "There is neither a prophylactic nor a specific for influenza," while the other, commenting upon this statement, asserts, "In this

* *Medical Record*, Dec. 22, '06. Feb. 23, '07.

one particular I am happy to take issue with the gentleman ; we possess both."

The statement "we possess both" is enough to make a horse laugh, presuming, of course, that the horse knows anything about homeopathic practice for the last quarter century. It would be interesting, indeed, to know by what line of reasoning or by what authority so called regular therapeutics has come into possession of the latter author's prophylactic and specific (curative) remedies.

Let us see what the prophylactic and specific really is. The prophylactic is arsenic—"not in combination, as in Fowler's solution etc., but simple, pure arsenic—in alcoholic solution, 1 : 8,000, five minim doses morning and evening." This, the author asserts, "has afforded immunity to a large number of my patients who had previously suffered from repeated attacks of influenza. Not a few of those patients soon became more sensitive to the prophylactic dose than they had been to the disease," and had to suspend dosage at frequent intervals." The known failures of this prophylactic were under 6 per cent.

The specific remedy is gelsemium, "tincture of the fresh root, three to five minims in six ounces of water, drachm doses every one to three hours . . . , for almost every step, stage, and variety of la grippe, when free from serious early complications . . . The dose may be much smaller than that just named, but should never exceed this amount, else it may markedly increase the existing prostration, and further, it must be reduced as the condition of the patient improves. This drug is also admirably indicated for the entire train of mental and nervous phenomena usually common to the disease, and is the only known remedy for high fever without thirst, whatever be the pathological condition."

In all seriousness we ask, "Is homeopathy to be re-

discovered again?" The above quotations contain all that is essential in homeopathy and if the author will seek to discover the "why" he will arrive at the same conclusion that Hahnemann did over one hundred years ago.

A PROVING OF BELLADONNA 3X.

The following interesting case of belladonna poisoning resulted from the administration of seven tablets of the third decimal potency of the drug. The patient, a young man of about 24 years of age, employed the remedy as a prophylactic against scarlet fever.

Two doses were taken, the first consisting of four tablets about 3 P. M., the second following the patient's supper about three hours later. He soon complained of a sensation as though the eyes protruded from their sockets; the pupils became dilated, followed by progressive dimness of vision, great effort of accommodation being required to see distinctly, a title page printed in three-eighths inch type could scarcely be distinguished at arm's length. Mouth, tongue and throat became dry and swallowing difficult; the voice was husky and hearing somewhat disordered. There was frequent desire to urinate but every effort was promptly checked by the clutching of the sphincter. Jerking of the extremities and staggering, unsteady gait followed. At this stage an old school physician was called who promptly administered a hypodermic of apomorphia which resulted in slight vomiting.

The patient now complained of the lights flying about the room and remarked that the bucket into which he had vomited seemed to fill with soap bubbles reflecting the colors of the rainbow. He described a net-work of bright red threads about the room and complained of seeing red spiders running over the floor. There was a throbbing sensation

over the whole body. The slightest touch, such as taking the pulse, brought on a trembling of the body, but the firm grasp of the physician in administering the hypodermic, did not seem to aggravate. The patient frequently lapsed into slumber from which he awoke with a sudden start. Pulse 40, temperature 99°4° F.

On the following day the symptoms abated somewhat and urine was passed at frequent intervals. Analysis demonstrated the presence of bile. Jaundice set in, accompanied with a slight rash over the greater part of the body. Pulse 58, temperature almost normal.

The patient continued to improve during the next 36 hours, at the end of which time no trace of the disturbance was left save a slight reddening of the skin and some bile in the urine.

A. E. I.

THE SUMMIT COUNTY CLINICAL SOCIETY.

The following lines were written by Dr. J. W. Rockwell of Akron and read by him at the annual banquet of the society given at the home of Dr. and Mrs. E. J. Cauffield on Jan. 15. At a later meeting of the society it was voted that a copy should be sent to the Reporter for publication.

OSLERISM.

When a man is sixty, we are told,

Chloroform 'im.

For further use, he is then too old.

Chloroform 'im.

No difference what health or strength is his,

To longer live he has no biz, .

Osler has said it,—his dictum is

Chloroform 'im.

Don't for a moment lose your nerve,
Chloroform 'im.

From this duty you should not swerve,
Chloroform 'im.

Though he may be just in his prime,
Osler, you know, has set the time,
To longer live would be a crime,
Chloroform 'im.

For the old man, we've no time to spare,
Chloroform 'im.

After sixty he becomes a care,
Chloroform 'im.

The Bible grants threescore and ten,
But Oslerism says that when
A man is sixty, we should then
Chloroform 'im.

When Osler arrives at that age,
Chloroform 'im.

At sixty he should leave the stage,
Chloroform 'im.

The hand of fate should not be stayed,
Nor the rule be changed a single shade,
For the man, who the ruling made,
Chloroform 'im.

To let him know how it is himself,
Chloroform 'im.

To lay him away upon the shelf.
Chloroform 'im.

Then, for humanity's sake,
And to prove he meant no fake,
His own medicine he should take,
Chloroform 'im.

SURGICAL AFTER TREATMENT IN HOMEOPATHY.

Some among our own rank can seldom realize what an immense boon has been conferred upon us by the illustrious genius of Samuel Hahnemann. Manual surgery has done a rapid stride in the profession in both the new and old schools. As far as instrumental aid is concerned, both are in the same level but with regard to the preparatory measures and the after treatment homeopathy gains the laurel.

The reason is obvious enough. Homeopathy recognises the dynamic origin of the disease. Derangement of the vital force is considered the cause of the disease ; so in all surgical matters where homeopathic remedies are given much more benefit is derived.

This is not a matter of speculative assertion. We have repeatedly observed how beautifully the healing process goes on—so rapidly it takes place that every careful observer frankly acknowledges the superiority of homeopathy over all other systems of medicine.

An operation is performed where it is absolutely necessary and if it is followed by appropriate homeopathic medication, the cure is speedy and permanent. In many cases of surgical operation, the patient is rather psoric or syphilitic ; there without any antipsoric or antisymphilitic medication permanent cure is out of the question. Of course other systems pretend to give constitutional remedies but they are of doubtful value and as they are principally of uncertain action upon the suffering individual, they are worthless.

It is often said against homeopathy in surgical procedure that in cases of hemorrhage, shock and other surgical accidents such a minute dose of homeopathic medicine is not sufficient. This is a mere assertion without any foundation in

fact. We have very often witnessed the marvellous efficacy of our remedies in checking alarming hemorrhages, warding off speedily the effects of shock and nervous prostration and bringing the patient back from the very verge of death.

Even in such cases as fractures of bones homeopathic medicine can do wonders. It has the effect of speedily uniting the broken ends of fractured bones and regulating the plastic material for their firm union. We have known cases where union is faulty, remedies have been brought into requisition for correcting it. Pyæmia, septicæmia and other untoward conditions attendant upon surgical procedure are unknown under homeopathic treatment. The after treatment of operation is so beautiful that these things cannot take place. Our calendula is the king of the antiseptics. I know of a case of gangrene of the scrotum under allopathic treatment, where the stinking odor from the diseased parts was simply unbearable and many things were used without much effect. I washed the parts with calendula lotion and the fetid odor disappeared soon.

P. C. MAJUMDAR, M. D.

THE ACTION OF LIME SALTS ON THE HEART.

Our allopathic friends are now busy in ascertaining the action of various medicines which have been long in use by the new school of medicine. Here we have a specimen in question. The Paris correspondent of the Lancet has the following remarks on the action of lime salts on the heart.

Some experiments described by M. Leopar and M. Boveri at a meeting of the Society of Biology, serve to confirm the well-known opinion that salts of lime exercise an

exciting effect on the cardiac muscle. They say chloride of calcium increases the arterial pressure and slowing of heart's action. If chloride of Calcium or carbonate or phosphate of Calcium is given to rabbits with their food, they produce hypertrophy of the heart.

This is no new discovery to homeopaths. They not only know that they produce hypertrophy but also that in proper indications and minute doses, these salts cure such pathological cases.

CLINICAL VERIFICATIONS.

P. C. MAJUMDAR, M. D.

Natrum mur in intermittent fever :—

Fever comes early in the morning.

Chill slight but prolonged. No thirst during chill but slight thirst at the advent of heat.

Heat pronounced but not excessive ; no burning or restlessness ; sweat moderate.

Headache during all the stages of the fever, very intense at the time of chill and heat, slight during apyrexia.

A healthy-looking young man came under my treatment from a malarious place with the above-named symptom-picture.

A few months ago he had a similar attack and the local homeopathic doctor gave some medicines without benefit and resorted to quinine in heroic doses and effected a cure (?) The patient suffered from the after effects of the suppression of fever by big doses of quinine for sometime,

This time the mother of the patient objected to resort to quinine. I gave him Nux Vom 30 for two days without much relief. I at last decided upon giving Natrum mur. of which one dose of c. m was given.

The effect was marvellous. There was no more paroxysm and the headache was entirely gone. That is, I believe, a sign that he is free from fever and has got a perfect recovery.

This time, as soon as he got rid of the paroxysm, he is perfectly cured, and there was no bad after-effect.

A single dose of the high potency has a prompt and decided action.

Capsicum in another case of Intermittent fever :—

Here is the case of an elderly Mohomedan gentleman of thin texture and anæmic appearance. He came under my treatment to be cured of malarious fever. He too came from a badly malarious place.

Fever came early in the morning, Violent chill amounting almost to rigour. Thirst during chill and shivering aggravated after drinking. Heat decided and violent. Prolonged and attended with great burning of the whole body. Thirst remaining the same.

Sweat moderate and much weakness during sweat. Temperature during fever rose up to 106° F and in one day it went up to 106.8° F.

During defervescence temperature came down to 97° F.

Pulse weak and tremulous. Much burning and pain in urinating. Hæmaturia was present. Denied history of gonorrhœa or syphilis.

No appetite ; sometime during the height of the fever there was tympanitic distention of abdomen, stool scanty and some solid. Defecation was also attended with burning.

Nux vom high and Arsenic high had no decided action.

I gave Capsicum 6x a few doses during apyrexia.

Next paroxysm was less severe. Capsicum continued.

Burning much relieved. There was hiccup and no stools. One dose of Nux vom 200. Not much relief. Hæmaturia

continued. Capsicum 30 two doses when temperature sub-normal. Much relief of suffering in every respect.

Highest temperature 101 F and lowest 98 F.

Urine clear, burning much diminished. Placebo three times a day.

Fever 99 F. Urine clearer. Placebo continued.

There was no fever the next day and patient better.

There was incontinence of urine, dribbling even while sneezing or coughing.

A single dose of Causticum 200 removed these troublesome symptoms and the patient got cured.

Ohinum Sulph high in Intermittent Fever :—

Babu Gangaram Palit aged about 50 years. Fat and flabby residing in Posta, had fever with chill about noon. He came under my treatment the second day.

Taking down his symptoms I gave him Belladonna 30 one dose every 3 hours. The next day he was free from fever and continued the same medicine the day after. Fever came on again at about 10 A. M.

Violent chill with great thirst. Lips and nails became blue, pain in back.

Heat was excessive ; thirst continued but less. Glow of warmth over head and face. Pain on pressure on the spine and back.

Complete apyrexia after excessive sweat. Patient feeling all right. Nuxvom 200 two doses during apyrexia.

Next paroxysm appeared a day after anticipating about an hour.

He was very much prostrated. Tongue was clean but there was no stool for the last four days.

His friends and relations got alarmed and impatient. He resided in a notoriously malarious place in the Burdwan District.

I gave him a dose of Chinin-sulph 200. The next paroxysm was stopped and he made a perfect recovery without any bad effects.

CASES OF CHRONIC DISEASE CURED.

AS REPORTED BY LATE DR. SKINNER OF LONDON.

APOPLEXY WITH PARALYSIS.

I think that I hear voices exclaiming, "who ever heard of apoplexy classed as *chronic disease*." Nevertheless apoplexy is a chronic disease in all but the old school meaning of the term, and therein lies the difference between old school nosology or pathology and that of the pathology of Hahnemann. I leave pulmonary and any other form of apoplexy out of the question, and, for the present, I shall confine my remarks to cerebral apoplexy.

Hitherto, cerebral apoplexy has been limited to two distinct pathological conditions—one of them being the rupture of a blood-vessel in or on the brain somewhere, with extravasation of blood into the cerebral substance, or on the surface of the brain, generally preceded by softening or ulceration of some portion of the brain, or on account of previous atheromatous deposit, fatty degeneration of one or more of the cerebral arteries; the other form is recognized by the term Serous apoplexy, or an excess of serum from the arachnoid on the surface, or from an effusion into the ventricles of the brain. The first form is a serious lesion, whilst the second is much less serious in its immediate and secondary consequences.

The old school, so far as its light goes, is perfectly

correct, but inasmuch as it ignores Hahnemann's doctrine of chronic disease, it has mistakenly classed cerebral apoplexy—I mean the first variety—with acute diseases, and what is more, until recently, if not now, they treat it as if it were an acute disease. If vivisection *coup sur coup* is not still their practice, it is not from want of will, but "what will the public think or say?" Instead, we have men in the old school and not a few in the new, applying leeches to the nape of the neck, followed by blisters there and to the spine and calves of the legs, and strong mercurial purgatives, and therapeutic measures mostly of the anti-phlogistic type.

If we look upon the affection from a knowledge of the facts in any case, we shall invariably find, that the apoplectic fit or seizure has been preceded for months, if not years before, by marked symptoms of psora or syphilis; of psora *par excellence*. If such is true from an examination of the history of individual cases, then there can be no doubt that I am justified in classing cerebral apoplexy as a chronic disease.

I have practiced Homeopathy pure and simple since 1874, but until January 1877 I had never met with a single case of the kind.

I longed for a case, because I thought that if I could conduct an unquestionable case of cerebral apoplexy successfully by means of Homeopathy, it would go far to raise my confidence in the new school of therapeutics and general medicine. When the case did arrive, I shall never forget the state of anxiety which arose in my mind, but *volens volens*, it had to be met.

January 20, 1877, 2-30 A. M. I was roused out of bed by a ring at the door bell, and the messenger who had arrived in a cab asked me to visit at once the husband

of a lady patient of my own, and who was not expected to live beyond 12 noon of to-morrow—at least, so said two allopathic physicians, one of them occupying the second or third position as regards skill and experience in the town or city where I then practiced. On entering the house, I was requested to see the wife of my to-be-patient, as she was very ill herself, and wished to tell me some facts which she thought I ought to know. I found her suffering from violent diarrhœa, several stools every hour. I know how distressed she was about her husband's state, the physicians having told her, "that do what we can, your husband cannot survive twelve o'clock tomorrow."

Ever since she received this information (11 P. M.) the diarrhœa had come on and continued. One dose of Colocynth 200 (F. C.) put an end to it. She then told me what occurred at the last visit of her husband's allopathic physicians to whom she said, "If my husband cannot, in your estimation, survive twelve o'clock at noon to-morrow, have you any objection to my calling in my own physician, Dr. Skinner?" The consultant replied, "not in the least, but you must remember that Dr. Skinner is no longer one of us, as he has become a homeopathic physician and we cannot meet him." To which the lady replied, "I never expected you would meet him, I mean him to take the case entirely." -

The consultant who was and is a thorough gentleman and a physician of great skill and experience, took his departure with the ordinary family attendant physician. My lady patient then informed me of certain facts which she thought I ought to know. They are as follows: "My husband is partial to champagne and brandy. He is subject to violent headaches, for which he has a spray douche in his dressing-room, and when he has a headache with a rush of

blood to his brain, he puts his head under it until the rush is not so violent, and he does this almost daily, and frequently during the day at times.

Lastly, in consequence of this rush of blood to his head and chest, his breathing becomes affected, and for many years he has had his own bed made so that his feet rest on a foot-board on a level with the ground, so to speak, while his head is at the ordinary level.* I was shown the bed, and I should say that it rose from the foot-board at an angle of $22\frac{1}{2}$ degrees, or a quarter of a right angle to the line of the floor. I looked upon it as very ingenious and well worthy of the attention of upholsterers, surgeons, physicians and nursing institutions,

Having collected the above facts, I was shown in to my patient, a man over fifty years of age and very corpulent, with a head and neck like those of a bull. He was lying motionless on his back.

His countenance was livid and cold, especially his cheeks, and his hands were the same. He was pulseless at the wrist, and it was all that I could do to hear the beats of his heart. I heard them and that was all. His respiration was very stertorous and peculiar,—from one to three respirations per minute, and frequently there was an interval of from 35 to 55 seconds of complete silence, interrupted at last by what I shall call a convulsive stirtor lasting eight or ten seconds. Both pupils were contracted to a pin's point. There was complete paralysis of the whole of the left side, and of course he was perfectly comatose and speechless, and had been so from the first of the attack. On inquiry I found that Bullen's blistering fluid had been freely applied to the nape of the neck, along the spine at various parts, and on both calves, but hitherto *without vesication* after more than twenty-four hours. Of this, more in the sequel. I have seen a great

many cases of attempted suicide by means of laudanum ; one of them, a woman, had swallowed an ounce and a half of it, and I never saw two cases more alike than this woman and the case which I am now describing.

Prognosis.—I gave a decidedly unfavourable prognosis, and said that the patient was now *in articulo mortis* but if I were allowed a second opinion, I would endeavor my best to save his life.

I sent for the nearest Homeopath, a Hendersonian low-dilutionist. and without informing him of the opinion I had formed I asked him what poison was most likely to cause such symptoms. He at once said opium. Agreed ! Opium is the remedy. What attenuation ? My *confrere* said he had only the 6x in his case, while I had Jenichen's Im. So we agreed as follows: "I shall sit up all night with the patient or as long as he lives during the night. I shall give him a small powder of opium Im. (Jenichen) dry on his tongue, (deglutition was impossible) as often as I think it wise by the symptoms. Should it fail entirely to relieve his breathing in three doses, I shall give him your Opium 6, as you direct." Agreed and we parted, to meet again at breakfast time.

All in the house were sent to bed, but his niece and myself. I placed the dose of opium Im, on his tongue, lowered the gas, and we sat one on each side of the fireplace. After a quarter of an hour I saw no change, at least it was scarcely perceptible, so I placed another dose upon his tongue and resumed my seat. Within ten minutes, that is twenty-five minutes from the first dose, his niece said to me in an audible whisper, "Don't you hear a great change, he is breathing like a child asleep."

(To be continued).

THE INDICATED REMEDY FOR DISEASES OF THE RECTUM.

HENRY EDWIN SPALDING, M.D., BOSTON.

FOREWORD.

Half a century ago diseases of the rectum received little attention from the medical profession. Their etiology and characteristics were little understood, and their treatment was empirical, with palliation, rather than cure, the expected result. Many were cured, but perhaps more by traditional methods of the laity than by the profession. Some of these popular remedies have now found a position of deserved importance in the armamentarium of the physician. These were, of course, drugs administered internally and applied locally.

Although the surgeon did occasionally assert himself and operate on fistulae and piles, rectal surgery, properly so called, has attained its growth and established position since that date. It has practically revolutionized the treatment of rectal diseases, and in many cases offered a sure and speedy cure, where formerly a life of discomfort and increasing debility could only be expected.

During this time, with the better understanding of the diseases, treatment by other means than surgical has received more attention. Some, local mechanical; some, local medicinal; some, dietetic and hygienic, and some, drugs administered internally.

When I commenced treating rectal diseases, forty years ago, I used the latter method, aided by dietetics alone. That I met with many successes I am sure. That I had failures was unavoidable. My experience then and since has led me

to place great confidence in the proper remedy internally administered. In this way not only may many be kept from the surgeon's knife, but a more perfect cure than surgery can give is attained, because we not only cure the local disease but at the same time we restore to their normal functions other organs that may have been the primary cause of the disease in the rectum. Medicinal treatment is often necessary as an adjunct to surgical for best promoting the well being of the patient.

In searching for guides to the selection of remedies I found in the homeopathic materia medica a blazed path, but the markings were so far scattered that it was followed with difficulty. For my own convenience and profit, I, several years ago, made a special study of symptoms from authentic provings and poisonings. To those first studied I have from time to time added others as they came to my notice, and have recently reviewed the entire work. That there are other remedies that deserve a place among these cannot be doubted, but these thirty remedies are those I have found most successful in my practice.

In selecting the list of symptoms I have sought only those produced by the drug itself, and discarded those that had found a place in the symptomatology through having disappeared under the use of the drug. My first plan was to indicate by numerals, or in some other way, the number of times I found each symptom recorded, but it proved impractical. I have, however, in some instances italicized symptoms that were observed by several or all provers.

I have separated the objective from the subjective symptoms. One must not be surprised if remedies of established value offer few or no subjective symptoms. A prover could hardly be expected to carry the test so far as to produce an actual change of structure. Rather it is a surprise that

in so many instances there were ocular and tactile evidences of the effects of the drug.

Under "Therapeutic Indications" will be found results and suggestions derived from my personal experience.

AESCULUS HIPPOCASTANUM.

(Horse Chestnut.)

OBJECTIVE:

Protrusion of the rectum at stool so that it has to be pushed back.

Hemorrhoidal tumors, purple, very painful (never had piles before).

SUBJECTIVE:

Rectum and anus:

Itching anus.

Sensation of obstruction of the passage of faeces from a thickening of the rectal walls.

Heat and dryness in rectum, with feeling of obstruction and as though the rectum would protrude while straining.

Prolapsed feeling in anus after stool.

Fulness and itching in rectum after walking.

Rectum feels filled with sand.

Pricking as of splinters in rectum.

Soreness in rectum.

Itching in anus with heat.

Pressure, burning, itching and fulness at anus.

Sphincter seems unable to contract.

Straining at stool ineffectual from constriction of rectum.

Burning and feeling of constriction in rectum following a copious soft stool.

cutting pain in anus after hard stool.

Abdomen:

Pressing downwards in abdomen.

Pinching in abdomen, before stool.

Colic and cutting pain in anus after hard, dry stool.

Gripping in epigastrium.

Upper abdomen feels congested.

Pain in region of liver.

Epigastric pains with faintness.

Sense of fulness in all abdominal organs more marked
in pelvis, where there is also throbbing.

Back:

Lumbar pains with cramp-like pains in abdomen.

Tearing pain in right side of back and shoulders.

Lumbar pains relieved by motion.

Violent pains in the sacrum and hips which disappear
after exercise.

Sacro-lumbar pains.

Aching between shoulders.

Accompaniments:

Pain in right scapula.

Pains alternately in chest and abdomen.

Dryness of throat with dryness of rectum.

Legs ache.

Shooting pain in urethra, near meatus.

Urine burning and frequent desire ; dark and thick.

Mucous membranes generally dry, feel swollen, raw and
burning.

Stool:

Flatulent discharge with gripping, but no stool.

Ineffectual desire for stool.

Frequent urging to stool relieved by evacuation.

Constant desire with slight evacuation.

Liquid stool relieves colic.

Loose stools ; diarrhoea of ingesta.

Stool normal consistence but white.

First part of stool hard and dark, last part soft and white.
Soft, mushy stools ; loose, brown.

Drug characteristics:

So-called bilious temperament.
Rheumatic pains, especially in the sacro-lumbar region.
Despondent, gloomy, irritable.
Frequent attacks of gastric disturbance.

Therapeutic Indications:

This I have found the most valuable drug in the *materia medica* in medicinal treatment of piles. And yet it cannot be depended upon as routine treatment. Its indications are distinct and marked. The limited number of provings reported all show its powerful action on the rectum, actually producing hemorrhoids and prolapsus. Its action is primarily on the liver and portal system, causing congestion and venous engorgement. As a natural result the pelvic organs become congested ; the recto-anal veins take on a varicose condition and we have fully developed piles. I cannot agree with some writers who think it specially indicated when constipation is a symptom. Most of the provers had soft, normal stools or even diarrhoea. Very few had constipation at all, and in most of these the constipation or hard dry stools were followed by looseness. I have learned to consider constipation a positive contra-indication and calling for *Collinsonia*, or some other remedy. Hale and some others, moreover consider "rarely bleeding" a special indication. Experience has taught me that bleeding at stool when the discharge is normal, or soft, or diarrhoeic, with sense of fulness and pricking, as of splinters in the anus, is a special indication for its use. I have obtained the most satisfactory results from a saturated alcoholic tincture of the nuts alone, made by myself, rather than the tincture made from the bark roots and nuts usually found in our pharmacies. In my first

use of this, forty years ago, I prescribed the tincture, and while I ordinarily use dilutions, the results with this were so eminently satisfactory I have not been inclined to use any other preparation. I so administer it that the patient will get from five to fifteen drops each twenty-four hours. Never more than this and seldom more than ten drops. Others have had good results from the dilutions, as they certainly should, for it is eminently homeopathic to the disease. For a local remedy and as a lubricant to aid in replacing protruding piles I use Aesculus cerate while giving the drug internally.

AGARICUS.

(Poisonous Mushroom,)

OBJECTIVE :

Blind hemorrhoids become inflamed and bleed freely.
(Not before for years.)

SUBJECTIVE :

Rectum and anus.

Ineffectual urging of flatus against anus.

Paralytic weakness of sphincters.

Burning in anus.

Sore pain in anus after hard stool.

Urging to stool with cutting pain in anus.

Shootings in anus.

Painful dryness in anus, with inclination to draw it in.

Sensation as of anus being closed.

Itching in anus.

Cutting, itching in rectum, inclining to draw up anus, which aggravates ; straining down relieves.

Soreness in rectum after soft stool.

Feeling in rectum as if diarrhoea were coming on, but it does not.

*Abdomen :**Distended with flatus, after stool.*

Feeling of weight in abdomen after loose stool.

Rumbling in abdomen.

Pinching in abdomen.

Gripping in abdomen.

Tension in entire abdomen.

Pricking pains in region of the liver.

Undulating jerking in muscles.

Burning and twisting in abdomen.

Gripping commencing in pelvis passes up the side of abdomen.

Pressing pain at umbilicus.

Rumbling in abdomen.

Back :

Pain in sacro-lumbar vertebrae.

Sensation as if the innominate were being separated from the sacrum.

Pressure in hip joints.

Bruised pain in sacrum.

Violent pain in sacrum.

Pain in sacrum as from hemorrhoids.

Violent pain in sacrum extending down into legs, while straining at stool.

Accompaniments:

Nausea ; eructations.

Choreic, muscular twitchings.

Pricking as of splinters in muscles and joints.

Languor ; laziness.

Frequent call to urinate, without relief : urine starts slowly.

Urine turbid, cloudy or reddish.

Stool:

Call to stool without result.

Insufficient evacuation.

Much flatus expelled.

Fluid stool.

Hard, lumpy ; constipation.

Urgent call to stool, which could hardly be kept back.

Grass-green, bilious.

Drug Characteristics:

Much pain and aching along the spine.

Twitching of muscles.

Pain, unsteadiness, trembling in extremities.

Heaviness of legs ; languor.

Irregular action of heart, without marked organic disease.

Therapeutic Indications :

While Agaricus has some marked symptoms connected with the rectum and anus, other symptoms connected with the motor and sensory centres must be found in the case if we will get good results from it in rectal diseases. In a growing youth of lax fibre and in the other extremity of life, enfeebled by age, it is most often called for.

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[No. 3.

IS HOMEOPATHY SPREADING IN INDIA ?

This is a question of vital import. It is now over fifty years since Homeopathy first came to be known as a system of treatment in this country. Tonnerre, Berigny, Rajendra Dutt, Mahendra Lall Sircar, Leopold Salzar and Beharilal Bhaduri were the pioneers who worked for the cause of homeopathy and it is through the exertion of these men that homeopathy got such a splendid introduction.

Calcutta then was the first city in India where Homeopathy was first introduced and from here it gradually spread into the different provinces of Bengal and finally into the other states of India. But it is much to be regretted that while its progress has been quite remarkable in Calcutta, it is not so with the different larger cities of India, such as Bombay, Madras etc.

It is said that in many of these places people do not even know that there is such a thing as Homeopathy. It is a source of great gratification to us that in Bengal the beneficent effects of the Homeopathic system of treatment have been felt by people in the remotest parts of the country and all

this through the exertions of the few enlightened practitioners of Calcutta.

Now it behoves us to consider, whether we are really advancing the cause of Homeopathy in Calcutta. I am afraid many of us are contented to find that we have a large clientele and that the number of our patients is increasing daily and that we make a fair and decent living. But then I think we ought to consider in what way we are progressing, what impression it is creating among the people and whether this impression would be a lasting one. From practical experience we find that we have patients among Christians, Mohamedans, Hindus, Jews and nearly all the different nationalities represented in this metropolis in India. We have patients among Kabulies, Chinese and the other foreign peoples in Calcutta.

From this it seems quite clear to us that we are gaining ground among the mass of population of the Calcutta. Now we are to think whether this impression is going to be of a permanent kind, or to disappear like the shifting sands along with the constant change of population of a metropolis city like that of Calcutta. We observe with regret that while Homeopathy has become *the* system of treatment in many homes among the middle and the more intelligent class of people, it has failed to do so among the very rich people. It is generally found that Homeopathy is resorted to as a last resource in many big families. And why is this? Is it because we have failed to cure many cases in these families or is there some other reason for it? We have seen time and again that many a case has been drawn away from the very jaws of death, as it were, by Homeopathic treatment, but still it seemed as if Homeopathy did nothing for them for you never heard anything more from these people. How then are we to expect the spread of our system of treatment

among them ? But of course there are honourable exceptions to this.

One of the main reasons seems to us to be the prepondering influence of the dominant school in these places. Our brethren of the other school never spare us if they can help it. But we rejoice to find that that influence has little effect on the popular mind for we have made wonderful progress among the people at large inspite of all the deterrent forces. Where we counted our patients by the hundreds ten years ago we can count them by thet housands today. If Homeopathy were able to save one single valuable life then, it saves them by the hundreds to-day. In many a case where the knife was the only treatment available, the dread of that painful treatment is unknown today and all this through the influence of the Homeopathic system of treatment.

J. N. M.

CASES OF CHRONIC DISEASE CURED.

AS REPORTED BY LATE DR. SKINNER OF LONDON.

APOPLEXY WITH PARALYSIS.

(*Continued from page 216 I. H. R. No. 7, Vol. XVI.*)

It was even so, and we let him sleep on till daylight was well set in. I then looked over his face, his wife and niece being present, and I asked him in a clear and distinct voice, "Mr.—, do you know who I am ?" He looked at me and smiled with his mouth all on one side and tried to speak, but all his wife could make out was "D" for Doctor, and something like "Kin" which she interpreted as Skinner. From that moment I saw that his life was safe and recovery was possible, and I told the family so. He received no more

than the two doses of opium *im.* (Jenichen). Breakfast time came and my *Confrere* called. When the main door was opened, the first question which he asked was, "Is your master alive?" "O, yes!" was the reply, "and he has recognized and spoken to Dr. Skinner." News loses nothing by spreading! We saw the patient together, and the Dr. was surprised. "Did you give him my opium?" "No," I replied, "he only got two doses of Jenichen,' *im.* and went off into a natural sleep which has continued until now.' 'Mr—recognized this other physician, and shortly after the doctor left partook of some bread-pap with relish. *Nota bene.*—To this day I think that I am correct in stating that my *Confrere* believes that Jenichen's opium *im.* had nothing to do with this marvellous recovery, although he confessed that the patient was *in articulo mortis* when he left the house about 4 A. M. and that life could not be sustained over two hours with his then breathing and general condition.

My *confrere* in bidding me good day, said, "It is all plain sailing now, there will be a steady convalescence." This gentleman does not believe in Hahnemann's psoric theory any more than he believes in high attenuations. He is only a Hendersonian Homeopath, a modified Allopath, like the majority in this country. With them apoplexy is an acute disease, which comes suddenly and runs a rapid course towards death or recovery, the paralysis, if life is extended, running a slower course—as it depends upon the amount of rupture and extravasation, the lesion in the brain and its reabsorption or restoration to a state of health. This is all very well, but there is something beyond, a *vis tere*, which they dream not of, and which is the *primum mobile*, and it has to be reckoned with, unless Nature is sufficient of herself to effect the cure, and she does so,

sometimes in spite of the drugging and lowering means adopted to bring about a restoration to health. This morbid invisible factor is no less than psora, and if one cannot or will not believe in it, or try to recognize it in practice, how can they cure it? In this case we have seen what opium did, because it was the simillimum to the comatose state with stertorous, interrupted and irregular breathing, etc. but as opium is not one of Hahnemann's antipsorics, it can not cure or remove the tendency to a return of a similar seizure sooner or later. Besides, as we shall see, other medicines all of them antipsorics, all of them having the premonitory symptoms of heat of head and vertex, throbbing headaches with rush of blood to the head, relieved by cold sponging douches, had to follow the opium, which was now no longer of use. My confrere thought that I had now nothing but plain sailing. I knew better, for I knew that I had a well developed psora to deal with in one who has been in vain trying to remove the psoric feelings of prostration of body and depression of mind by means of stimulants, which are "recommended by the faculty" and highly approved of by the patient but which only go to feed the disease and bring about the final rush of blood to the weakened arteries of the brain, the culmination of which, with the aid of little worry or excitement of mind, or some unusual bodily effort, such as straining at stool, is a fit of apoplexy with or without a stroke of paralysis, and which, in Hahnemannian pathology or nosology is only *one symptom* of a very complicated disease which may have been years in developing, as any physician of an enquiring mind can find for himself, by questioning the patients or their more immediate friends. Pathology was not known in Hahnemann's day, of course not, or the science has made such rapid strides that it has left the master nowhere in the race. From my point of

view, and I have been brought up in the teachings of the best schools of pathology, I hesitate not to say that but for the fresh light which I obtained from the study of Hahnemann's great work on "Chronic Diseases" and particularly his *psoric doctrine*—because it is no theory but a sound doctrine—I should have been incompetent to follow up this and similar cases to a successful issue. The Master's doctrine of *chronic disease* infused altogether a new life into my old school pathology, which leaves the old school centuries behind—I say so, Hendersonians and Eclectics to the contrary notwithstanding.

January 21, 1877.—In the evening of this day I was sent for as my patient was very restless and would turn on to his paralysed side, when he wanted to get off it again on to his back and could not, and so on, losing his temper and showing it all the more because he could not speak. Thoughts of Aconite, Arsenic, etc., came into my head, but on second thought I watched his movements and I saw that he was always groping with his right hand at the back of his neck. He had two female nurses in attendance upon him and a night nurse as well. Two were required to turn him (16 stone). One nurse remarked that he had been doing so with his right arm most of the afternoon and all the evening. It then occurred to me that the surfaces where the blisters had been applied, *but which never rose because of the comatose and lifeless state of the patient*, were now rising with returning animation—a signal proof that the marvellous recovery was not due to the handy-work of the old school,—the heroic blistering without effect. We got him turned over and found this to be the cause. I opened the blister and dressed it with spermaceti ointment on book muslin, and he soon went to sleep. The other surfaces where *Ignor vesicatorius* had been applied did not rise.

January 22, 1877.—Again in the evening this restlessness appeared, and we could make out from his imperfect utterance that the blistered surface was at fault. It was red and raw looking, and from his great weight and the friction on the pillow the dressings had been removed—hence, the distress. I determined that this should not happen again. So I adopted my own old and invaluable allopathic fashion of dressing an *obstinate* blister with a roll of gold-beater's skin. A piece is cut from the roll the size of the blistered surface, with an inch of margin all around. It is applied to the raw surface and a sponge wrung out of hot water is pressed firmly over it, carefully expelling all the air from between the sore and the artificial covering. I then left him very comfortable and thankful, with nothing to complain of. This would be about 9 or between 9 and 10 P. M.

January 23, 1877.—At 2 A. M. I was called to my patient's bed-side, because he was again unconscious. I had an anxious drive to the house, and all the way I was pondering over the various medicines likely to be required. The symptoms, however, were not the same; there was no impairment or change in the breathing, no lividity of the countenance or hands, and no contraction of the pupil. He was simply unconscious, as in some forms of epilepsy or hysteria after the fit. With the fact of the paralysis and the previous history, however, the unconsciousness was very unwelcome visitor. Having had a very large experience of allopathic counter-irritation or blistering practice, I very quickly arrived at the conclusion that the sudden and complete stoppage of the secretion from the blistered surface by the gold beater's skin, which thoroughly stops not only the secretion but the transpiration of any animal miasm, if such there be transpiring and it is my opinion that very frequently, if not always, something more than serum, something more than pus,

makes its exit from a blistered surface or from a seton or issue. This may be true or false, but I have seen so much of it, and especially in this case, that I at once removed the gold beaters' skin by applying a sponge wrung out of hot water. I then sponged the raw surface with milk, and water tepid, and dressed with spermaceti ointment spread on book muslin. I stayed with my patient about half an hour and left him at the end of that time as well as he was at 10 P. M. of the 22nd. So much for my having a knowledge of allopathic practice, my patient was saved a lot of unnecessary and futile medication, the chance of losing his life and I myself was saved in my homeopathic reputation. Be it observed, that up to this point, the case has been managed *with only two doses of medicines*, and it is just possible that one would have done it. I must not forget to remind your readers that this occurred in 1877, while I was "still in in the Egyptian darkness of Allopathy". This is the opinion of one who thinks he ought to know. Here is a question in "the rule of three:" If I was floundering in the mud of the Nile in 1884, where was I in 1877? Beyond the Humane society's best efforts to save me.

All went smoothly until Friday, January 26, 1877. At my morning visit I found that he had had a restless night with marked pyrexia and the nurses directed my attention to a change in the left lower extremity. It was immensely swollen, nearly three feet in circumference at the upper third of the thigh, and the rest of the limb in proportion; it was bright red, like a boiled lobster, and the radiating heat from it was such that I have never seen or experienced the same before or since. Here was erysipelas and no mistake and it was in *the left* lower extremity of a psoric subject, with nothing to account for it.

(To be continued.)

CAUSE OF SEA-SICKNESS.

THERE are few people who have been to sea and never experienced sea-sickness. There are still fewer who, having once experienced it, would not exchange a fair and reasonable, or even an unfair and an unreasonable, proportion of their worldly goods for some means of certainly avoiding a second suffering. Everybody has formulated a theory, and most people have evolved infallible remedies, varying from starvation to steak and onions, and from bromides to bottled stout.

Science has not helped the unfortunate traveller in this matter. Medical men are as divided in opinion upon the real cause of the malady as are the sufferers themselves. It has been attributed to a mechanical disturbance of the stomach, and to a circulatory disturbance in the brain. Its origin has been looked for in the close atmosphere of ships' cabins and 'tween decks, with their mingled scent of paint and tar and bilge water, that make up a bouquet unlike anything on the earth above or the water below. It has been asserted that it is entirely due to a disturbance of vision, which conveys a false sensation of unstable equilibrium to the brain, and that the true remedy is to keep the eyes resolutely closed until the sensation has been overcome. Special ships have even been built with the idea of preventing this sensation of alteration of balance. And, notwithstanding it, all people continue to suffer from sea-sickness in the mighty liners that plough the ocean between England and America, just as we can imagine the early Briton may have suffered if the Phœnicians took him down the Channel in one of their tiny vessels manned with oars.

The latest medical utterance on the subject is that of Dr. Kenneth Lund, in the *Practitioner*. Dr. Lund rejects the

theory that disturbance of vision has any causative effect. The most interesting evidence he adduces is that blindness is no safeguard against sea-sickness. The superintendent of the Liverpool School for the Blind reports that "sixty per cent of the pupils of the Liverpool School for the Blind suffer from the complaint, and another twenty per cent are uncomfortable when taking a sea-trip from Liverpool if the sea is at all rough." Dr. Lund further asserts that deaf mutes are never sea-sick. He writes :—"A party of 25 deaf American gentlemen crossed the Atlantic in 1889 to attend the Paris Congress of Deaf Mutes. It was a very rough voyage, and every passenger was ill except the deaf mutes, who had all the tables in the dining saloon to themselves."

Part of the internal ear is composed of a system of curious semi-circular canals in the bone. These canals are filled with fluid, and all that is known of them is that they are connected with the maintenance of bodily equilibrium; and that injury to, or disease in, them causes curious symptoms of vomiting and giddiness. Just as an alteration in the fluid of a carpenter's level indicates that a surface is uneven, so an alteration in the level of fluid within these canals conveys to the brain the information that the usual equilibrating environment is altered. Dr. Lund asserts it is the sudden downward movements in the motion of a ship that causes the unpleasant disturbance. He instances the similar sensation produced by going down in a lift, which never occurs during ascension, no matter how suddenly the ascent is made. Neither does it occur in ordinary swinging movements, apart from a sudden descent. Finally, his opinion is that "There is some mechanism in the auditory organ, possibly the system of semi-circular canals, which is directly affected by the oscillations of a vessel at sea, and which acts as a stimulant to the vomiting centre."

Unfortunately Dr. Lund suggests nothing in the way of treatment. He remarks that the routine treatment by nervous sedatives is probably correct, and is explicable on this theory, inasmuch as their employment produces a general lowering of sensibility. He suggests that information is needed as to the exact nature of the defect in deaf mutes, which appears to confer upon them this immunity from seasickness. But, for the traveller, eager for a practical remedy, this does not appear to offer any immediate prospect of relief.

ALL ABOUT SLEEP.

WRITING in the *American Magazine* for September on "Sleep and its Counterfeits," Mr. Woods Hutchinsor remarks that after thirty centuries of study and thirty thousand of experience we still know nothing about sleep. Shakespeare put it in a nutshell when he spoke of "sleep that knits up the ravelled sleeve of care," for it is quite clear that sleep is not a negative, but a positive, process, "not a mere cessation of activity, but a substitution of constructive bodily activity for destructive." In the day we destroy more than we build up ; at night this is (or should be) reversed.

WHY THE OLD AND YOUNG NEED SLEEP.—

Babies sleep so much simply because of this constructive character of sleep ; they are being constructed. But—

The well-known light sleeping and early awaking, characteristic of old age, is due to a loss of the reconstructive power. It is not that an old man does not need so much sleep as the child or adult, but that he can't get it—has lost to a degree the capacity and the reconstructive processes involved in it. The dosings and drowsings of old people

during the day are mild torpors from exhaustion, not true sleep.

Even those who should know better still sometimes confuse the drowsiness and coma of fever, and other morbid conditions, with true sleep. A fever patient, of course, may sleep, apparently, for two-thirds of his time during two weeks, and wake up in an altogether wretched state. Such drowsy, comatose states are often absolutely opposed to true sleep.

"SLEEP AS MUCH AS YOU CAN."

In reply to the rather impossible question, "How much should I sleep a day?" the writer says instinct is the safest guide:—

"Go to sleep when you're tired, get up when you wake feeling rested" contains the philosophy of the whole problem.

Individuals differ as much in the rapidity of their recuperation during sleep as in their rapidity of thought or motion. This explains why certain exceptional persons, such as Frederick the Great, Napoleon, Wellington, John Wesley, and Edison have been able to manage with four hours' sleep only a night, and awake completely refreshed. A nervous and anæmic individual might require even ten or twelve hours. Mr. Woods Hutchinson accepts as the "rough working average" of what is generally required, neither the man's, the woman's, nor the fool's traditional allowance, but an hour more than is even allotted to the fool. Women require from half an hour to an hour more sleep daily than men. The average individual usually "plunks himself into the 'fool' class (nine hours), much to his benefit." Most men in active work take more than seven hours, or suffer for it. The average labouring man goes to bed between 8-30 and 9-30, and sleep until 6 A. M. (that is in the States). The average business or professional man goes to bed about ten and gets up about seven.

THE SUPERSTITION OF OVERSLEEP.

~~It~~ is impossible to sleep too much:—

~~How~~ the superstition ever grew up that there is such a thing as weakening yourself by oversleeping I cannot imagine. Whatever may have been the source of the delusion, it is utterly without basis in physiology. No one ever got too much healthy, natural sleep, or injured himself physically by staying in bed until he felt rested.

Of course, as we are reminded, sleep in stuffy rooms may never produce the sense of being rested. Moreover, "most men and all women would be better for a nap of from twenty minutes to an hour after the midday meal." A baby or young child should have all the sleep it can be induced to take, "and sleeplessness is even more emphatically a sign of disease in children than in adults":—

To make children or rapidly growing young adults get up before they have had their sleep out, and feel thoroughly rested, is not merely irrational but cruel, and when it is done as a routine practice at boarding schools or other institutions, by those who pretend to be fitted to have the care of children, it is little short of criminal.

NO "BEAUTY SLEEP."

The writer knocks the old "beauty sleep" fallacy determinedly on the head. There is no foundation for it, and still less for the notion about one hour before midnight being worth two afterwards. This latter idea has grown up "with the early rising fetish" which also receives several severe knocks. There is nothing to prove that the last two hours' sleep do not give fully as much rest as the first two. Nor is there any necessary physiological connection between sleep and darkness. The reason why working by night and

sleeping by day is often injurious is because of the lack of sunlight.

•EARLY RISING NOT ADVANTAGEOUS.

The writer would have had much sympathy with the schoolboy who made his famous report to the paternal admonition on the subject of the early bird catching the worm. There is no advantage, he asserts, in early rising in itself. It is a survival from more primitive times when our agricultural ancestors had to work in daylight only, and when candles were dear. Civilisation and late hours always go hand in hand:—

Nor is there any adequate support for the impression that the early morning hours are in any way more wholesome or healthy than later periods of the the day. Except in summer time they are apt to be damp, foggy, chilly and among the least desirable hours of daylight. It is quite true that during the summer there is a sense of exhilaration about being abroad in these early morning hours, but this evaporates with the dew. and is apt to be succeeded by a corresponding depression and loss of working power later in the day.

A man who gets up at 6-30 instead of 7-30 often has to go to bed an hour and a half before the 7-30 man. As for hard beds, flat pillows and cold bed-rooms, they are merely "another instance of the deification of the disagreeable." The feather bed, the eiderdown quilt, and the four-poster have gone to the attic or wash-heap—their proper place, to make way for the modern and usually thoroughly wholesome bed.

—THE STATESMAN.

A NEW ANÆSTHETIC.

REMARKABLE ELECTRICAL DEVELOPMENT.

PROFESSOR STEPHEN LEDUC, of the Nantes Medical University, is known to the world as having produced chemically the appearance of various grasses and other forms of vegetation. They sprung up under the eyes of his class, and apparently lived through a whole day and night, then to melt away. To the eye they had every semblance of life. But they utterly lacked reproductive power, and really could not be said to live. These grasses, remarks *Truth's* Paris correspondent, were as the "miracles" of the Egyptian magicians, who thought to keep pace with those of Aaron, and his rod. But Aaron could make a miraculously produced branch of an almond tree bud and blossom, and they could not. M. Leduc stands to Nature on the plane that Pharaoh's workers of wonders stood in relation to Aaron. The Nantes Professor some days ago gave the Paris newspapers details about his new method of electrocution to which he thinks that practised in the United States clumsy and cruel.

"My system," he says, "is certain instantaneous, and painless." Moreover, he claims to secure 'the desired effect' with a current of very small intensity—a fraction of what electricians call an ampere (it appears that this is very trifling indeed)—which is too small to sear the flesh of the wretched beings sentenced to electrocution, a thing that so often happens in the United States.

I feel no sort of curiosity for Dr. Leduc's improved method for despatching criminals, and have long been of opinion that the Americans desecrate the most beautiful of scientific agencies in their electrocutions. But I confess to be deeply interested in Dr. Leduc's curious researches on electricity as a substitute for chloroform and other such drugs. Not all sorts of electric currents possess this anæsthetic power. The ones used by Dr. Leduc are 'intermittent, kept at a low tension and run in the same direction.' Every one-hundredth of a second a small electric wave lasting perhaps one-thousandth of a second is sent along the wires.

If such a current be applied to a dog gradually (one of the electrodes being placed on the skull which must be shaved and wetted with salt water) the animal first goes through a period of excitement as if it were being chloroformed, after which it passes into deep sleep.

If, instead of turning the current gradually on, the full strength be at once given, the animal drops down instantaneously, but after a few seconds breathing is restored, while the patient continues to sleep. If the current be turned off then, the animal instantly awakes (a contrast this to the slow and nightmarish awakening from a narcotic) gets up, looks quietly around and shows no sign of fear. Nor is it troubled by any of the unpleasant after-effects, such as nausea, of chloroform. This electric sleep seems to cause no pain, for the dog shows no resentment or terror, and is quite ready to let the operator repeat the experiment. This sleep may be allowed to continue for hours without danger.

The other day Professor Leduc asked his assistants to send him to sleep. They applied the electrodes, but could not screw up their courage to go beyond the first stages. M. Leduc, describing his sensations, says the powers of speech were the first to go, then the power to move, and after that, the sense of feeling was abolished.

Two Paris veterinary surgeons, M. Truffier and M. Jardy, have just performed seven operations on dogs. They pronounce electricity to be a first-rate anæsthetic, for one thing because "the margin between sleep and death is very wide." In their experiments they raised the current to an intensity of 14 milliamperes without causing the heart to stop. Now, this was three times the current that caused surgical sleep.

Electricity ought to be safe even in the hands of a careless assistant, because, supposing the current were raised to a dangerous intensity, the heart would not stop without the breathing first growing weaker. It would then be enough to turn off the commutator, and breathing, consciousness, everything would return instantly. Truly a wonderful anæsthetic, this electricity, which suspends life and brings it back with the suddenness of magic-lantern pictures.

DOCTORS AND VEGETARIANISM.

A REMARKABLE MANIFESTO.

A NUMBER of medical men issued a remarkable manifesto on August 31st in favour of vegetarian diet. The following is the text :—

"We, the undersigned medical men having carefully considered the subject of vegetarianism in its scientific aspects, and having put its principles to the practical test of experience, hereby record our emphatic opinion that not only is the practice based on a truly scientific foundation, but that it is conducive to the best physical conditions of human life.

"The diet of vegetarianism provides all the constituents necessary to the building up of the human body, and those constituents, as proved, not by the misleading tests of the chemical and physical laboratory, but by the experience of numerous persons living under normal conditions, are at least as digestible and as assimilable as the corresponding substances obtained from flesh.

"We therefore claim vegetarianism to be scientifically a sound and satisfactory system of dietetics.

"Moreover, considering the liability of cattle and other animals to ailments and diseases of various kinds, and the pure character of food obtained from vegetarian sources, we are convinced that abstinence from flesh food is not only more conducive to health, but, from an æsthetic point of view, is incomparably superior.

"Robert, Bell, M. D.

George Black, M. D. (Edin.)

A. J. H. Crespi, M. R. C. S.

H. H. S. Dorman, M. D.

Albert Gresswell, M. A. M. D.

Walter R. Haden, M. D.

L. R. C. P., M. P., C. S.

J. Stenson Hooker, M. D.

Augustus Johnston, M. B.

M. R. C. S.

H. Valentine Knaggs, M. R.

C. S., L. B. C. P.

Alfred Bolsen, M. D.

Robert H. Perks, M. D., F. R. C. S.

John Reid, M. B., C. M.

George B. Watters, M. D.

SLEEPING SICKNESS.

TO THE EDITOR OF THE "STATESMAN."

SIR,

I have long been watching, whenever opportunity presents itself to me, the nature of the sleeping disease. Two cases were cited in the *Statesman* of the 17th instant—one at the Bhowanipur Sambhunath Hospital, and another at the Calcutta Medical Hospital—the latter being moribund. As no remedy has yet been proved to be of any efficacy on any patient, I recommend to give opium a fair trial on the homœopathic principle, if it has not already been done. It is known to all that opium-poisoning causes an irresistible tendency to somnolence, and this symptom, which is the leading characteristic of the malady, is sure to sub-side under opium or it will at least be ameliorated. There are other medicines for drowsiness and coma, but opium pre-eminently heads the list.

H. C. CHATTERJEE,

Berhampore, Sep. 24. Homeopath.

—*The Statesman*.

PLAGUE IN INDIA.

We got the information from the Medical Times and Hospital Gazette of London that His Majesty King Edward addressed a letter to the Governor-General of India in which he expresses his deep concern at the ravages of plague during the past decade and the misery wrought by it among his faithful "sorely afflicted" Indian subjects.

This shows the good feeling of our beloved king but what is the outcome of it? Many fads have since been advocated by the medical advisers of His Majesty's dominions here but nothing has been practically done.

The reason is obvious. In this country the authorities on medical subjects all belong to the English or European people. They have little or no knowledge of the country and the manners and life of the people. They seldom mix even with the educated classes of Indians. Their investigation therefore is superficial and unconcerned.

We reproduce here what our contemporary has said about it.

"In connection with this subject it is pleasing to note that Mr. Morley, the Secretary of State for India, has in a letter to the Governor-General of that dependency shown that he intends to force the Government of India to do something practical to stamp out the disease which has carried off in a few years millions of our fellow subjects. For years the Government of India has been muddling along trusting to ultra-scientific but wholly unpractical dreamers engaged in a wild-goose hunt for an anti-plague serum, instead of bestirring themselves with brooms, scrubbing brushes and water and clearing away filth."

We have repeatedly said in this journal that something practical should be done. In curing the disease their vaunted method of scientific medicine fails completely. There are some

remedies in the new system of medicine which were discovered by Samuel Hahnemann but no body takes notice of it. If some hospitals are given to the homœopathic physicians in this country a crucial test may be made. But the prejudice of the allopaths is always against this proposal. There may be prejudice among the old school physicians but the Government has a sacred duty to perform. When one ordinary system of medicine fails in this disease, what is the harm of advocating something else which can promise better results ?

Numerous hospital buildings are coming out like mushroom in this city under the patronage of our Government; why there be not one according to the new system of medicine which is now able to assert her right in the civilized world. Look at the rising nation of America and what is being done there ? The American Government is open to conviction and it authorizes the new system to have its benefit spreading among the population and in many places the effect is marvellous. The New system of medicine has been proved to be far better than the old system of medicine. •

In conclusion we seriously ask our Government to do something which has not been tried up to this time. From our personal experience we can say that this experiment, if carefully carried out, will surely produce better results than hitherto. We want a place or places in various cities where plague patients can be located and properly taken care of. If the homeopathic fraternity is consulted they will gladly come to the aid of the Government. Our present Governor-General probably knows something about homeopathy by his Canadian experience and we ask his excellency's aid in this matter. •

P. C. MAJUMDAR, M. D.

THE EYE IN GENERAL MEDICINE.

DAVID A. STRICKLER, M. D.,

Anything that might be said in the short time allotted me must be considered but suggestive, though much of a very definite character might be said. The eyes have been described as the "windows of the soul," and so they may be for aught we know, but they certainly speak a language that varies greatly with the occasion, indicating plainly the varying emotions of fear, anger, hatred, love, etc. ; and likewise do they speak definitely of general conditions bearing on the health of the individual. This is true whether we make but a superficial examination of the external structures or go deeply into the subject, examining carefully the fundus oculi. Here, as nowhere else in the body, do we actually see the blood circulate in its vessels, enabling us to study changes in vascular conditions otherwise impossible ; here, too, do we actually see a nerve and can tell definitely its state of nutrition and often note minute pathological changes otherwise impossible to detect during the life of the individual. We not only see the vessels and the nerve, but as if nature intended we should be placed at especially good advantage, she magnifies the structures about fourteen times (by the direct method). These are anatomical and optical truths that, fully comprehended, cannot fail to interest the general physician who is alive to the best interests of his patients.

Judging from experience with the members of this Society, there is room for marked improvement, either by their using the necessary instruments of precision in examining the eye, or in utilizing the men who are familiar with the changes in the eye ground having direct bearing on general conditions. This is a matter of general comment among homeopathic oculists throughout the country, it being a well known fact that the old school general physician is much more ready to use the oculist for suggestive or corroborative purposes. This should not continue.

Taking up specifically the diseases in which the oculist may be

of definite use to the general physician, we would naturally place first on the list

Persistent Headaches.—Eye-strain is a factor, often the chief, in the production of persistent headaches in the vast majority,—estimated as high as 80 per cent of all cases. This fact is so generally recognized that it is not necessary to more than give it passing mention, and yet we occasionally have a patient suffering from eye-strain who has gone through the hands of many physicians with no suggestion of oculist until some layman suggests it. Before leaving the subject I want to caution the general physicians against sending their patients to the optician for refraction. There is no more sense in nor reason for it than there would be in my sending general cases to the druggists for their treatment. It might be a little cheaper for the patient primarily in both cases, but certainly no sensible man can think it the best thing for the patient.

If the headache be due to an organic brain disease, its presence may be detected through optic neuritis or atrophy; if to uræmia or other conditions, e. g., syphilis, the characteristic retinitis may prove diagnostic.

Vertigo and Nausea may result from errors of refraction, from paresis or paralysis of one or more of the ocular muscles, an examination for which should be made in obscure cases.

Coma may show its cause in the eye. If uræmic, albuminuric retinitis may be found; if narcotic, extreme contraction of the pupils; if apoplectic, contraction and inequality of the pupils may be marked with paralysis of one or more of the external muscles; if from organic brain disease, optic neuritis may be present; if poisoning from any of the mydriatics, bellad., stram., hyoscyamus, scopolamine or some ptomaine, the pupils will be widely dilated.

Sclerosis of the Spinal Cord.—In from ten to thirty per cent of all cases of sclerosis of the posterior cord there is found primary gray optic atrophy with visual impairment. In rare cases the atrophy antedates all other symptoms, sometimes years. Where it appears early, the ataxia is apt to be arrested and locomotion remains good for a long time.

In about the same proportion of cases paresis or paralysis of one or more of the external muscles occurs. It is an early symptom which may be transient or permanent. The Argyll-Robertson pupil (loss of light reflex) often attended by contracted pupil, occurs in about three-fourths of all cases. The pupil remains normal in very few cases.

Chorea.—Eye-strain not infrequently contributes to the depression of the nervous system, which results in chorea. It should be corrected as part of the treatment.

Exophthalmic Goitre, with its proptosis, Dalrymple, Stellwag and Graefe's signs, is sufficiently familiar to all, and yet an early recognition of one of the signs may be the first suggestion leading to proper recognition of the disease.

Mind Blindness (inability to receive impression from objects seen); *Word Blindness* (inability to recognize written or printed words); *Letter Blindness* (inability to name letters, though words are understood), and *Dyslexia* (inability to read though the patient sees well and can tell words), all conditions liable to be confused with defective vision, are of import in cerebral localization.

Anæmias of different types present definite eye conditions, but they can be recognized by skin and mucous surfaces.

Diseases of the Heart.—Aortic regurgitation produces arterial pulsation in the retina; so likewise may over-action from excitement. Exophthalmic goitre is also an occasional cause. Distention of the right heart may produce retinal venous engorgement—large and tortuous veins. Embolism of central artery suggests endocarditis. Edema of the upper eye lids in the morning suggests heart disease.

Renal Disease.—Albuminuric retinitis occurs chiefly when circulation begins to fail after a period of high tension. Albuminuria is not a necessary accompaniment. Uræmic amaurosis, sudden in its onset, usually complete, but the pupils continue to react to light.

Edema from renal disease is usually most noticeable in the eyelids, though they may not be affected.

Albuminuric retinitis, retinal hemorrhages and palsies indicate an early fatal termination of the disease, the patient rarely surviving two years after their appearance.

Diabetes causes cataract ; retinitis, retinal hemorrhage, central scotoma, optic neuritis, paralysis of the ocular muscles ; the presence of one or more of which may lead to a correct diagnosis.

Rheumatism gives rise to inflammations of the iris and ciliary body, ocular paralyses, scleritis and episcleritis, but these are of no special significance in diagnosing rheumatism.

Per contra.

Syphilitic lesions of the eyes are often distinctively diagnostic of the general infection, and many cases go through the hands of the general physician to be definitely diagnosed by the oculist, either through its effect upon the vascular or the nervous structures of the eye.

Diphtheria, again the resultant paralysis of accommodation or an external muscle, may be the late diagnostic symptom of diphtheria as against a supposed follicular tonsillitis.

Denver, Colo.

—*The Progress.*

CHOLERA ASIATICA.

(Continued from page 145, No. 5, Vol. XVI, I. H. R.)

Now there are some peculiar features in connection with the character and consistency of the cholera stools that must be considered here. The cholera evacuations are generally described as rice-water stool. Some time ago I had a conversation with one of the leading physicians of this city, a gentleman who has a vast experience in the treatment of this disease who gave me to understand that rice water stool means a clear transparent liquid substance that we find on the top of a vessel containing rice and water after we have allowed the rice to settle to the bottom. Dr. Osler however defines it as follows :—

Dr. P. C. Majumdar describes it as thin water with which is mixed boiled and crushed rice. It is well known in this country as কুমড়া পল্লনির মত মল।

Its specific gravity is generally 1005 to 1010. It is alkaline and chemical examination reveals that it contains water, chloride of sodium and potash, albumen and other organic matters. At the bottom is noticed fibrin and mucus.

Microscopically, it contains granules, leucocytes, nucleated cells, hyaline cells, epithilium, fungus, bacteria and phosphates ; sometimes blood corpuscles are also present.

In the collapse stage along with the diminution of the natural body heat, certain peculiar phenomena are observed.

Dr. Goodeve said that the axillary temperature is generally 90 to 97, whereas in the mouth it is 98 to 99, but the internal temperature is generally found to be a great deal higher.

The circulation and the condition of the blood are found to be very much altered. The pulse is very feeble and sometimes entirely imperceptible. Circulation is not observed in the arteries, the heart becomes very weak and the heart beats are weak and inaudible. The venous blood becomes dark and coagulated. Sometimes there is great respiratory difficulty, the patient gasps for breath, the breath becomes cold. Difficulty of breathing is generally a sign of bad omen unless it be due to spasm which can be relieved by the indicated remedies.

Loss of voice is another symptom that is generally observed in very bad cases. The whole nervous system becomes extremely weak and muscular power is sometimes diminished. Extreme restlessness, insomnia, throwing away of clothes and excessive burning are some of the other symptoms.

Some patients become very anxious and there is

great fear of death while others are quite apathetic or indifferent. I am of opinion that the restless patient gets well more quickly than the drowsy and apathetic ones. Swinging of the head, ringing noise in the ear, specks before the eyes or blurred vision are some of the other symptoms.

Coma is a very bad complication in cholera. The functions of absorption and secretion are quite wanting in this disease. There is no saliva in the mouth and the urinary secretion is stopped.

Some doctors are of opinion that we cannot call it cholera unless the urinary secretion is completely wanting. But I am afraid that we cannot agree in this view and we have sometimes observed the urinary secretion to be quite unimpaired in some very bad cases. In cholera infantum the urinary secretion is quite as copious and free as the stools and cases assume a grave aspect in spite of it.

Cholera patients generally die from difficulty of breathing or from coma.

Complications—Now we will consider some of the complications and sequelæ. Fever generally is a good sign in cholera unless it is in the hemorrhagic variety where the stools are generally bloody and passed in large quantities. We have observed that these hemorrhages generally occur as the result of excessive drink and debauchery. In the stage of reaction an unequal distribution of blood is a bad sign. If you find the head hot while the rest of the body is cold, or the trunk excessively hot while the extremities are cold and pinched, then you must look out for your patient. Hiccough is sometimes very distressing but can be checked in most instances.

A cold delirium is generally a grave symptom. If the patient begins to talk incoherently while yet the extremities are cold, it does not augur well for your patient. A

delirious condition after the reaction is well established passes off easily, while a similar condition in the earlier stage of the disease is always to be dreaded.

Now lately we have had occasion to observe another feature of the disease that is also very peculiar. Apparently when the patient is fairly on the way towards recovery and you are very sanguine about your patient, the whole aspect of the disease changes. The pulse that was becoming normal sinks once again, the extremities become cold, the patient tries to sit up in bed or jump out of the bed, he talks incoherently and there is slight difficulty of breathing. Sometimes we have tympanitis with it, and we think that the respiratory difficulty is due to that. But I want to impress this fact on the minds of all physicians having such a case in hand that we should always consider that we have a very difficult case to handle whenever there is any respiratory difficulty, no matter from what cause. The cholera poison has a very peculiar action on the heart muscle. How it works it is not very easy to explain, but the fact remains that the effects are frequently very disastrous. Some have tried to explain it by saying that the liquid constituents of the blood become so thoroughly exhausted that frequently blood clots form in the heart itself or in the larger blood vessels and the heart's action fails suddenly by being clogged up. Dr. Salzer speaks highly of Calc. Afs. in such condition where a thrombus or an embolus is likely to form. This is such an important matter that I will quote here in full what Dr. Salzar has to say with regard to it although I have not as yet come to therapeutics. He says—

"I would particularly draw your attention to the following statement of Dr. Macnamara which has but too frequently been verified in practice. Another complication incident to the stage of reaction, which seems to me more common amongst

the natives of this country than among Europeans, is the formation of a clot in the right side of the heart usually extending into the pulmonary arteries. The patient seems to be doing well when suddenly difficulty of breathing comes on, followed by collapse and death. I have seen more instances of this kind during the present season (1869) than I remember on any former occasion, and they render one extremely cautious in giving a prognosis, even in cases which, to all appearance, are doing remarkably well. The nature of this unpleasant incident is such that we can hardly provide against it. Dr. Buchner states that *Calcarea Arsenicosa* prevents the formation of coagula. I cannot say by what mode of reasoning, or by what sort of clinical experience he arrived at that conclusion. I have however taken the hint and found that *Calcarea Arsenicosa* 6th to 12th is certainly an excellent restorative in the asthenic sequelæ of cholera." I think the busy practitioner will so frequently come across this sort of complication that I have felt justified in quoting the above in full and draw the careful attention of the reader to the foregoing lines. Now as regards the value of *Calcarea Ars* in such conditions I can say that I have myself verified in several instances the value of the medicine but I shall have more to say when I come to take up the consideration of the drug in therapeutics. *Cuprum Ars* is another drug that I will mention in this connection.

Since the advent of plague in this country some people have erroneously called this disease "an abdominal variety of plague", but we need however make no such mistake as we have seen this variety of cholera cases from the beginning of our practice. Moreover we find descriptions of the disease from the time of Dr. Macnamara and others. Dr. Salzer also verified it so early as 1869.

Another point that I consider worth mentioning is that

these patients should have free ventilation in their places of abode. In treating several cases of late, I have noticed that those living in airy, well-ventilated places recover while those living in closed rooms with improper ventilation and in insanitary conditions die. In treating two cases of exactly similar nature I noticed this quite clearly. The cholera patient generally can stand a great deal of fresh air. I have seen even the night air is not injurious to them. Of course by this I do not mean that they should be left in the open air unprotected.

According to Dr. Goodeve fever is frequently a complication but not a bad one. The fever may be either remittent or intermittent. We frequently come across this complication in the stage of reaction and sometimes it assumes a grave aspect. The insanitary condition of living, and neglect of other hygienic rules have much to do with the fever's assuming a typhoid or remittent type. If the general condition of the health is good and if we live under proper sanitary rules, we are seldom attacked with the disease, and even if we are attacked we get over it quickly.

Sometimes the vomiting becomes excessive and the gastric mucous membrane becoming inflamed the disease assumes a grave character. Hiccup at times becomes very obstinate and is frequently the result of excessive drugging. Loss of appetite, loud belching, diarrhoea &c are some of the other complications. Any inflammatory disease of the kidney, acute desquamative nephritis and uremia are grave complications. Sometimes these complications become chronic and consequently the patient suffers a long time. Suppression of urine is generally looked upon as the most serious complication as uremia develops from this and death results the case having assumed a typhoid character. It is our firm conviction that the case seldom develops uremia

if treated homeopathically from the beginning. Enteritis, dysentery, insomnia, restlessness, congestion of the lungs, pleurisy are some of the other complications. Extreme prostration is sometimes met with after the disease. Skin diseases of various kinds are met with at the end of the disease. I have seen a slow fever followed by a measly rash develop in several cases after the cholera symptoms have all disappeared. To my mind this is generally not a very bad complication. But sometimes the patient lingers a long time in this way and becomes extremely prostrated. Various kinds of eruptions have been described by different authors viz :—Erythema, urticaria, measles &c &c.

Some of the other complications are :—urithritis, vulvitis, vaginitis, parotitis, ulceration of the cornea, gangrene of different parts of the body, bedsores, furuncles and abscesses of various kinds. I have myself met with several cases of ulceration of cornea. They generally linger a long time but ultimately get well under proper homeopathic treatment.

As I have already said before, cholera may be of different kinds. Sometimes after only one or two stools the patient gets into the collapse stage. These cases are generally very serious but fortunately they are rare. Then again the patient may become pulseless and cold without even a single motion or vomiting. This has been termed, as I have already mentioned, Cholera Sicca or dry cholera. While a cholera epidemic is raging, we frequently come across many cases of a bad type of diarrhoea. These cases are generally painless and are termed cholerine or choleraic diarrhoea. There are various other evacuations of the bowels that are generally of a milder type and that have been termed English cholera, bilious cholera, sporadic cholera, summer diarrhoea &c &c by different authors. In these

cases, the stools are generally of a bilious or yellowish color, there is no pain with it, and the urinary secretion is never completely stopped. These cases generally result from indiscretion of diet &c.

Osler mentions of a special tendency to diphtheritic inflammation of the mucous membrane, particularly of the throat and genitals that I have never come across. Diphtheritic colitis has also been described.

Diagnosis—The symptoms of cholera are so clearcut and peculiar that little need be said as regards differential diagnosis. It may be mistaken with the different forms of diarrhoea &c that I have just mentioned, but they seldom assume the grave aspect of this disease.

Some cases of poisoning resemble cholera very much, such as poisoning by arsenic, corrosive sublimate, &c.

Prognosis—We need hardly say that the prognosis in cholera is always grave and we should always be guarded in giving our opinion. There is danger in every stage of the disease. The death rate is from 30 to 80 per cent according to the severity of the epidemic. Death occurs frequently in the first stage of the disease. Under proper homeopathic treatment the death rate is a great deal less than under ordinary treatment. Intemperance, debility and old age are unfavourable conditions. Osler justly remarks.—“The more rapidly the collapse sets in, the greater is the danger and as Andral truly says of the malignant form, “It begins where other diseases end—death.”

Preventive measures—As prevention is better than cure, it ought to be the aim of every physician to try to stamp out an epidemic right at the beginning and I think if the sanitary measures are all properly carried out, there is little or no likelihood of an epidemic spreading. Better prophylactic measures have had the effect of preventing the appearance

of the disease in England and America since 1873. Strict adherence to simple diet during an epidemic should be enjoined. In India boiled rice and fresh meat broth (মুগ্ধা বোনা) forms the best diet during an epidemic. The attendants of the patient should wash their hands and disinfect themselves properly before partaking of their meals. The clothes of the patient should never be allowed to be washed in the tanks that abound in this country. Care should be taken that none of the dejecta of the cholera patient should get into the tanks and wells which are frequently the main sources of the drinking water supply. Drinking water should be thoroughly boiled. Fresh vegetables, or uncooked substances should not be taken during an epidemic. Irregularities in diet should be avoided. Gastric disturbances should be checked at once and people suffering from acidity and indigestion should be particularly careful. People should never think of bathing after they have had one or two motions. We have an idea that this diarrhoea is frequently the result of the system getting overheated and hence the desire to bathe and to get a cooling drink. These cases generally prove fatal.

Lately many people have been inoculated with Haffkin's serum, which is considered to be a prophylactic. This is of doubtful value.

Treatment.—The medicinal treatment of this disease according to the law of similars has been so pre-eminently successful that now-a-days even lay people do not hesitate to take up the treatment of a case of cholera with the aid of some of those cheap cholera manuals that have infested the market and a small box of medicine. (*To be continued.*)

J. N. MAJUMDAR, M. D.

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[No. 9.

INFANTILE ENLARGEMENT OF THE LIVER.

This is a disease of young children, that is frequently met with in India, particularly in Bengal. It is quite unknown in European countries or even in America, so much so that a young colleague of mine told me once that there was no such disease as enlarged liver of young children. But I am sure every physician present here will corroborate my view when I declare that it is the most deadly of all diseases affecting the infant population of this country. The mortality from this disease is very high, and I have heard most eminent physicians say that this is an incurable malady. It affects young children from birth up to the 3rd or 4th year. This is a disease in which the liver grows larger and larger and ultimately occupies the greater part of the right side of the abdomen. There is generally a constant rise of the temperature with it.

The disease which at first grows very insidiously assumes a most alarming character in the end. The child loses its appetite or else is ravenously hungry. The stools are some-

* A paper read before the Calcutta Homeopathic Society.

times constipated, at other times it is clay-colored or grayish. Gradually when the liver becomes quite large and hard, bile pigments begin to scatter throughout the body, the conjunctiva becomes tinged with it, the urine becomes high-colored and marks the liver yellow, the palm of the hand and the sole of the feet become yellow and ultimately the whole body becomes thoroughly jaundiced. This icterus is sometimes so great that even the sweat tinges the linen yellow and it may well be compared with the *icterus gravis* of adults described by authors. In short a perfect picture of cholemia obtains.

As we find no description of the disease given in any standard book, I will have to give you what appears to me to be the most probable cause of the disease and if in doing so I should err, I beg leave of you to be excused once for all and I hope you will correct me.

My friend Dr. Nripendra Nath Sett very truly observes that there is scarcely an Indian home in Calcutta where there is not a dyspeptic or hysterical mother, which is a matter of almost daily observation to the medical profession. This wretched condition of the vitality is greatly augmented by the institution of early marriage, so prevalent in this country—a custom handed down to us from the time of the Mohamedan rule in India. So that mothers very frequently give birth to children while yet in their teens and no wonder that the children of these parents themselves children generally become puny and stunted and develop all sorts of diseases. Moreover, the mode of living of the Bengali people, among whom this disease is found more often than among other people, is peculiarly unhealthy. I think I may very well say that the Bengalis are a race of dyspeptics. Let us hope that with the advent of Swadeshi and the national movement the future generations will fare better. We are

a nation of clerks, who have to do the greater portion of their work indoors and then again this is of a sedentary nature. Now looking at the mothers, what do we find? They are generally cooped up in small and badly ventilated houses, having no physical exercise whatever, generally living on highly spiced dishes that will produce dyspepsia even in the most robust constitutions, not to speak of these delicate creatures. In the country, in villages where they are allowed to go to the river to bathe and where they go about visiting friends from house to house, we find a different state of affairs, but in the larger cities where all this is impossible on account of our Zenana system, things are in a fearful condition. Now then is it to be wondered that the offspring of these mothers, themselves confirmed invalids, should be born with bad livers and no digestion, so to speak? Then again the milk supply of these cities is simply abominable, and we know that next to mother's milk, cow's milk is the chief food for infants. Dr. P. C. Lahiri, one of the health inspectors of this city, once told me that in spite of all we could do, the most of the milk in Calcutta is unfit for human consumption.

Now when we know that milk is the entire food of young animals, is it to be wondered that the liver will be materially deranged, if the child is habitually fed on bad milk? The liver, as we all know, acts as a guard against all things taken that are not fit for purposes of nutrition and therefore it is taxed to the utmost when it is daily doing an amount of work that it is not intended to do and moreover when it is in such a delicate condition as that of a child.

Pathology—It is therefore that it begins to undergo certain pathological changes being called upon to do an amount of work that it is not intended to perform. It becomes congested and engorged and hypertrophy results. Gradually a sort of cirrhosis of the liver takes place which, as we

know, is characterised by gradual destruction of the liver cells and an overgrowth of connective tissue elements, so that the liver becomes hard and large. This may well be compared with the hypertrophic cirrhosis we generally meet with in hard drinkers.

Malaria, as we all know, frequently complicates these cases and then we have the same kind of enlargement that we come across in leuchemia. Here also the liver becomes considerably increased in size.

Having considered the enlargement now we will take up the consideration of jaundice, which to my mind is the most serious complication in this disease. My father, your President, is of opinion that the case invariably proves fatal if jaundice is well marked. Jaundice is generally of two kinds, hepatogenous or obstructive and hematogenous or non-obstructive. It is the former kind that we meet with in this disease. Naturally therefore no bile passes into the intestines and the stools are generally grayish and constipated. But when the disease is far advanced, then we have diarrhœa due to decomposition and death generally results from heart failure, hemorrhage or brain complications.

Symptoms—I have already enumerated most of the symptoms. The initial symptoms are very deceptive. Very frequently cases are not detected until the disease is fairly well advanced. A slight rise of temperature occasionally with irritability and peevishness and constipation are the first symptoms. The liver keeps getting larger very slowly. Then the fever assumes a remittent type, the child becomes anemic and the liver becomes considerably enlarged. Now the liver begins to get caked and hard and jaundice appears. I have sometimes seen jaundice well developed and the liver become quite hard, while yet the child looks apparently healthy. These cases are quite incurable. **Edema general** or

localized, eruptions of various kinds and diarrhoea are some of the other symptoms. The spleen is occasionally seen to be simultaneously enlarged, particularly if there is a malarial base. The heart, lungs and kidneys are generally unaffected.

Diagnosis—It is generally not very difficult to diagnose a case of this kind. The history of the disease and the enlarged liver are quite distinctive features. It may, however, be mistaken with jaundice neonatorum which is a physiological condition disappearing in the course of a week or ten days spontaneously. Sometimes, however, it will be difficult to diagnose this disease from malaria and malarial cachexia where the liver is frequently found to be considerably enlarged. But in these cases the spleen is generally most enlarged and cancrum oris and other complications arise in the later stages. The age of the patient will clear up the diagnosis.

Prophylaxis—As prevention is better than cure, we should always try to check the growth of the liver by regulating the diet which frequently has a very good effect. Much care should be taken in regulating the mother's diet where she is nursing a young baby. This one measure will frequently check all disorders. If, however, the mother is found to be a dyspeptic with acidity and other complications, the mother's milk should be discontinued. Cow's milk should always be stopped when the child has fever. Barley water and sago or arrow-root well boiled and sweetened form the best diet where there is fever. Mellin's food, Horlick's malted milk and Allenbury's and Benger's food are some of the other preparations that suit individual cases very well.

Treatment—As regards medicinal treatment, I must content myself by mentioning a few medicines as I have already taken up enough of your time. But I must say that homeopathic treatment is pre-eminently successful in these cases

if properly carried out. Remedies generally called for are:—*Bryonia*, *Nux vom*, *Calcarea Carb*, *Ars*, *Berberis*, *Cham.*, *Chelid.*, *Leptandra*, *Podophyllum*, *Merc.*, *Pulsat*, *Sulph*, *China* &c. &c. The consideration of the medicinal treatment ought to be the subject of another lecture.

J. N. MAJUMDAR, M. D.

HAHNEMANN'S DOSES OF MEDICINES.

By the Royal Counsellor Dr. V. Boenninghausen in Munster.

Translated from the *Neues Archiv der hom. Heilkunst*, Vol. I.,
No. 2, 1844.

The question-marks appended by our honored Medical Counsellor, Dr. Stapf, to my extracts from the Journal of our late Master Hahnemann impose upon me the duty of solving these questions, all the more since according to my note on page 79 of the last number of the *Archiv*, owing to the delay in the publication of the 6th edition of the *Organon*, no assistance in that direction is to be expected for the present.

In order to be quite sure as to the matter I applied to those homœopaths in Paris, who were most intimate with Hahnemann, visited him almost daily, and, in consequence, were best informed as to his practice *during the last times*, namely, to Dr. Crosetio, from whom I had before had a very friendly communication, and could therefore also feel sure that he would give me as detailed an account as possible.

The following is the faithful and verbatim translation of his answer of the 28th of January of this year, from which I only omit what has no reference to this matter, and some courtesies which concern only myself personally, and I keep back the notes which seem called for, until the conclusion, so as not to interrupt the text:

Dear Sir and most honored colleague: Your communication has surprised me in such an agreeable manner that I cannot

express to you warmly enough my thanks, and in order to give you a proof of my great joy, which the kind expressions of a man (who——) have made on me, I at once went to Mrs. Hahnemann to ask her about the mode of preparing medicines, which our honored Master during the last time considered the best, and accordingly practised. But she gave me a decidedly evasive answer, and this because she considered it unsuitable (*pas convenable*) to publish this new discovery in any other way than in the 6th edition of the Organon, in which as she stated they were laid down. 1. To be frank, I do not lay any great weight on this matter. 2. Perhaps the whole difference may consist in a greater number of concussions given on an elastic object, thus increasing the action of the substance. 3. As to the mode in which he prescribed the medicines to be taken I am able to give you all the information that you may wish, as I have quite frequently been a witness of it. Hahnemann at all times used only the well known small pellets, which were usually moistened with the 30th dilution, and this in acute as well as in chronic diseases. 4. Of these pellets he would dissolve *one* or at most *two* in eight to fifteen tablespoonfuls of water and a half or whole tablespoonful of French brandy in a bottle and thoroughly shake it up. Only one tablespoonful of this solution was put in a tumblerful of water, and of this latter the patient would take only a coffeespoonful, on the second two, on third day three and so forth, increasing by one coffeespoonful until he observed some action. 5. Then he would diminish the dose or would stop the medicine. In other cases where he had a patient who was very excitable, he would take a tablespoonful from the first tumbler into a second and from this into a third and so on even into a sixth, and only take a coffeespoonful out of the last glass. Only in rare cases he would give daily a tablespoonful or coffeespoonful of the first solution in eight or fifteen tablespoonfuls of water. 6. If he gave a powder to be taken at once in a tablespoonful of water, this was never anything else than mere sugar of milk. 7. He never prescribed two different remedies, to be used in alternation or one after the other, he

always wanted to see first the effect of the one remedy before he gave another, and this even with patients whom he treated at a distance of two or three hundred miles. Nor would he change. Even in acute diseases it was a rare case to see him allow the patient to take more than one spoonful in 24 hours. 8. In order to pacify the patients or their relatives he frequently allowed them to take simple sugar of milk. 9. Hahnemann in the last years of his practice seemed to devote his whole dexterity to continually diminish the doses of his medicines. On this account he in the last years frequently contented himself to allow his patients to smell of the medicine. For this purpose he would put one or two pellets into a small vial with two drams of alcohol, diluted with equal parts of water, at which he directed the patient to smell once or twice with each nostril; never oftener. 10. My own wife was cured by him in the space of five hours from a violent pleurisy. In chronic diseases he would in no case allow the patient to smell at the medicine oftener than once a week, and would give nothing but sugar of milk besides; and in this way he would make the most admirable cures, even in cases where we others had not been able to do anything. 11. It would be impossible for me to give in a letter all the shadings of his treatment. By your constant correspondence with the learned sage you have had abundant opportunity to learn to appreciate his rare powers of observation and you will therefore easily see that his mode of action was not always the same. But I can assure you that he was most fully convinced that it was not necessary *in any case, or under any circumstances, nor even useful*, to give drop doses of the medicines, and that he from day to day more clearly saw the *injury of giving larger doses*. 12. The announcement of a work from your hands is at all times a godsend for H^omœopathy, and if you have succeeded in giving to your repertory an arrangement which facilitates the selection of the remedy, as you show by your cures, you will contribute more to the advance of Homeopathy than all that has hitherto appeared in this direction, and you will have the fullest claim to the gratefulness of all of us. I know full well how highly

our Master appreciated your former repertory, which he continually kept at hand. By your labors,...etc. 13. etc.

In elucidation of this communication I will now give in sequence my remarks and other statements which seem to me useful as to the points which are noted above with numerals:

1. The question to which this serves as an answer referred in fact to two points, *i. e.*, not only the mode of preparing the medicines, but also the nomenclature of the different potencies adopted by the late Hahnemann, because just in this particular there was the most obscurity in the cases which he reported. I was more concerned to receive some information as to his nomenclature, which varied from what we were accustomed to, than about the mode of preparation, concerning which the late Hahnemann had already communicated the necessary information in the preface to the fifth volume of the "Chronic Diseases" at the close of the year 1838. We shall now have to content ourselves until the 6th edition of the Organon appears, as I can hardly hope that a communication I lately directed to Mrs. Hahnemann herself will have any satisfactory result.

2. Although all Homeopaths agree that the right selection of the remedy is more important than the degree of dynamization and the size of the dose, yet we cannot regard the latter as a matter of indifference. We can neglect this factor all the less, since very many attentive observers beside Hahnemann have noted that while by the so-called attenuations *the strength of the effect is indeed moderated, yet the sphere of its action is immensely increased, and if our deceased Master was right in his statement, that too large doses, especially of high attenuations, frequently prove ineffective, because they cause many other virtues of the medicine to become effective, diminish or nullify the similia in that special case.*

3. The increase of strength by additional and increased shaking is a fact which is acknowledged by every Homeopath, who, as *really ought always to be done*, "forges and sharpens his weapons against the diseases." (Cf. Preface to the 5th Vol. of the Chronic Diseases, the 2nd edition). Hence also the warning of Hahnemann

of an earlier date, not to exceed a certain limit in this matter. But after he had gained the conviction that he could reduce the excessive power of medicines potentized by continuous trituration or shaking, by dissolving them in water, without at the same time reducing the forces which had once been fully developed, according to communications made to me at an earlier date, he potentized in the last years all his medicines with many, at least with 25 percussions.

4. I do not know whether it is an error or a slip of the pen of Dr. Croserio, when he says that Hahnemann used the 30th dilution in every disease. To me Hahnemann repeatedly stated that he generally used the 60th dilution, which afforded him all that he desired, and that in very excitable patients and in *chronic diseases* he often used much higher ones with the desired effect. Since then I also have used *a. g.* of *Sulphur* almost always only this 60th potency, giving two pellets as a dose, and my success with this has been so great that the use of the 30th potency with me is exceptional. If any one of my readers should be inclined to laugh and to ridicule this I will give him still greater reason for it by adding the assurance that in cases of great sensitiveness to medicinal action I not infrequently, in cases where there is a great susceptibility for medicinal impressions, use the 120th potency and am perfectly content with its action, as I am also with the 200th, which I have experimented with lately in *chronic diseases* of the worst kind, but as to the effect of the latter I shall not as yet report. I would request every one to give his experience on this point as frankly as I am doing. *

5. This passage in the communication of Dr. Croserio gives the most clear and complete exposition of the mode practised by the closely observing Master of the art during the last times, on his patients, and explains most satisfactorily what might have appeared obscure in the two cases lately reported. The addition-

* Concerning this very important subject, very curious communications will also appear from Dr. Gross and myself in a short time.
—*Staff.*

"until he felt an effect," is of the greatest importance, and must always be closely observed. in order that nothing may be spoiled afterwards by giving *too much or too often*.

6. From this it is evident, with what circumspection the experienced sage took care to adapt the dose to the greater or lesser susceptibility of the patient, which can rarely be determined in advance with any certainty, and how he endeavored to avoid too strong an action. ¶The *largest* dose which he prescribed and which he only used "in rare cases" of great lack of sensibility was always still less than the smallest dose which we have been accustomed to give in our "pellet practice" and

7. The phrase which follows confirms this fact by a peculiar addition.

8. Being ever careful not to stand in the way of the reaction of the vital force by giving not only too strong but also too frequent doses, he observed even in acute cases a procedure on which our present spokesmen have laid their anathema, and, which curious to relate, even those who have previously had so much experience have not felt it incumbent on them to contradict.

9. ¶ With impatient patients or relatives, especially with such as had been accustomed to the allopathic "every two hours," and do not yet give to Homeopathy the confidence it deserves, sugar of milk is a very valuable gift of heaven. Hahnemann's mark for sugar of milk was always that of one ounce.

10. Smelling of medicines is, as we see here, by no means a method which has long been given up again, as some parties would have us believe, and I may now openly confess that in very painful diseases, e. g., in toothache, tic douloureux, convulsions and the like, where we desire to give relief as quickly as possible, I have for a long time used almost exclusively this method, which often instantaneously brings the desired relief, especially when only the highest potencies are used for this purpose.

11. When a physician who is acknowledged to be a lover of truth and gifted with knowledge, as our worthy colleague, Dr. Croserio, happens to be, gives our old Master such testimony, this

will be all the less questioned when he at the same time confesses that his own successes and those of his colleagues are overshadowed by those of the Master, and besides strengthens our confidence in Hahnemann by confessing that in the severe illness of his wife he consulted him and saw the admirable success of this counsel.

12 Such a statement as to the size of the doses, made by a man to whom no one has denied a most rare faculty of observation, made at the conclusion of his earthly career, has at least, for me, a greater importance than all the bold assertions and unproved contradictions with which his opponents have flooded us.

13. Although this part of the letter of Dr. Croserio does not belong to this particular subject, I have nevertheless added it, to connect with it some information as to a book which is just now going through the press, and which will presently appear under the title: "Therapeutical Manual for Homeopathic Physicians, for use at the sick-bed and in studying the Materia Medica Pura." Many years' use of the Repertory, which I first introduced in the year 1832 and which others have since appropriated for themselves, has enabled me to fully recognize its defects, which seem inseparable from its present form. For several years I have therefore studied over an entirely new arrangement of it. Although I finally discovered a form which corresponded with my intentions and which found the fullest approval of the late Hahnemann. I first desired to consult experience so as not to expose myself to the danger of increasing worthless Homeopathic literature. This year of probation has now turned out to my satisfaction, and I do not think that I have any more reason to hesitate about publishing the work. May my work which required almost three years' application, and which besides contains the result of all my practice, find a friendly reception and a just judgment. *

—*Homeopathic Record*.*

* We are sure that all true friends of Homeopathy will be very glad to hear that, by the grace of our illustrious King, the author of the article here printed by an order of the Royal Cabinet, dated July 11, 1843, has received permission freely to practise Homeopathy. This order is here reprinted:

Clinical Cases

P. C. MAJUMDAR, M. D.

• 1

Babu Hari Nath Karmacar, aged 20, student, a dwarfish-looking youngman, thin and of sallow complexion, came under my treatment on the 1st July 1903. No family history of consumption. He had long been suffering from malarious fever with enlargement of liver and spleen. He had gonorrhoea before and is not still perfectly cured. He had off and on nocturnal emissions. For fever he had been drugged with enormous amount of quinine. He complained of pain in the chest and occasionally spitting of blood, especially from over-exertion of body and mind. He was very susceptible to cold and the spitting of bright red blood was rather copious. He was passing the same kind of blood with stools. The upper part of his left chest was dull on percussion, vesicular murmur muffled. There was mucus rales here and there. He felt very weak and was quite prostrated. Hands and feet cold. Pulse small and frequent. Anemic murmur in the region of the heart.

Calc. Carb 30, twice a day, for four days; after that no medicine for five days.

10th July. Felt better. Slight feverishness in the evening, burning of hands and feet and eyes. Placebo. . . .

"Owing to the favorable testimonies submitted by you, His Royal Majesty herewith grants that whenever patients from their personal confidence in you come to you to obtain Homeopathic advice and Homeopathic Medicines, no obstruction shall be placed in your way from the lack of the legal qualifications for this purpose."

In this act we joyfully recognize the just acknowledgment of extraordinary merits and would testify to it as a very pleasant sign of the high and Royal disposition to honor and protect what is really good and true, wherever it may be found, even if it does not present itself under the forms and privileges to which we are accustomed. Long live the King!

15th July. Fresh cold, dry tickling cough ; fever all through the day ; slight spitting of blood. Aconite 3 x, twice daily.

20th July. No fever ; felt better but cold still, continuing Calc. 200 one dose followed by placebo.

2nd August. Improved in every respect. Spleen much reduced. No fever for days. Pain in the chest.

All right in two months.

II.

Mrs. L., a thin-looking anemic young lady had been suffering from dyspepsia for a long time.

Considerable flatulence mostly in the evening.

It caused dyspnœa and sleepiness often.

Never belched and passed wind downwards.

Acidity and heart-burn after taking food. Complained more a few hours after taking her meals.

Diarrhœa, more in the morning ; stools generally yellowish or white.

No straining at stools but much wind passed with the stools. Pain and rumbling in the abdomen. Lycopod. 30, morning and evening for four days.

Not much benefit, only the flatulence slightly less.

Natrum sulph 30, morning and evening.

Greatly benefited. Placebo continued for two weeks and perfect cure took place. This lady came under my treatment on the 16th March, 1906.

III.

Babu Lalit Kumar Das, aged 33, a strong and robust youngman, complained of dry teasing cough about six months ago. He used to suffer from cough every year during winter. He came under my treatment on the 15th January 1906.

No family history of tuberculosis. His father died from

fever, but there was some cough at that time. His mother is still living.

Cough worse in the evening, till about 9 P. M.

Generally there was no expectoration, cough dry and teasing. After several attempts had thin, frothy mucus coming out, got worse from cold application and bathing. But drinking cold water relieved him.

Better in open air and fanning. Tickling sensation in the throat just before the larynx.

Bowels loose and loose stools always gave him relief. Tendency to take cold. Frequent sneezing, more in the morning. Throat red and congested. Follicles prominent.

Physical examination of the chest revealed nothing abnormal.

Bryonia 30, three times a day.

18th. No relief. Bryonia 30th.

30th. Not much benefit. Dry spot in the throat, cough relieved by taking Spongia 6 x.

26th February. Very little effect. Some of the symptoms disappeared, cough as troublesome as before.

Kali carb 30. Improved considerably. Placebo morning and evening. Still there were some paroxysms of cough now and again Kali carb 200 one dose. Complete relief and the patient went home with a phial of placebo pills.

The patient came back again after six months complaining of cough and cold brought on by exposure and frequent and long bathing in river, but not so troublesome and inveterate as in the previous time.

6th December. One dose of Tuberculin c. m.

The effect was immediate and permanent. I saw him this year hale and hearty.

IV

Babu Narendra Chandra Some, a thin anemic young

student of 24 years of age, came under my care on the 1st January 1903. Fistula-in-ano commenced about five years ago and troubling him ever since. He had all sorts of treatment except homeopathy.

He had no piles and never suffered from lungs' disease.

Had malarious fever or any other constitutional ailments. Hard constipation throughout life. Given up to hard study and consequent night-keeping. No regularity in taking his meals. About the anal aperture first appeared an abscess which burst open by itself.

Pus is coming out ever since. The fistula is complete. Pus and sometimes fecal matter and wind came out through the opening. Pus is thin and sanious.

Heper sulph 30, morning and evening.

19th January. Not much improvement. Graphites 200 one dose and placebo every morning, one powder.

2nd February. Much improvement. Bowels regular, no fecal matter seen for days. Pus healthy and scanty. Complete cure was effected in three months. Occasional doses of sulphur 200 and Graphites 200 were given.

USE YOUR MUSCLES.

DR. HENRY DAVY, of Exeter, in delivering the presidential address before the British Medical Association on July 30th¹⁹⁰³, says the *Times'* report, with the influence upon medicine of the work of Darwin, and claimed for it a great practical utility for having shown "that the only way to maintain any organ or structure of the body in its proper condition of health and development is by a proper and adequate use of it," The value of this axiom had not, he declared, been sufficiently recognised in relation to physical deterioration, especially of the muscular system, as illustrated by the number of would-be recruits for the army,

who were found to fall short of the requisite standard. Many changes had occurred in the environment of the individual and of the nation, all tending to reduce the muscular work done by the people ; and this result had been mainly due to the extended use of machinery. In every department of industry each succeeding year found us depending more and more upon "labour-saving machines," every new machine tending more and more to take the place of muscular work, until at last in some manufactures the operative had little or no work for his muscles, and was only required to attend to a machine driven by steam or by electricity. Many other causes had contributed to the same result. Villages and country towns, with their facilities for healthy muscular work in the open air, had diminished ; big centres of trade and manufacture had increased in population. Railroads had extended networks of lines in every direction, so that travelling was made easy without any exertion, and the inhabitants of our towns had, in addition, tramways and omnibuses to take them from their houses to their work without the necessity even of the exercise of a long walk. We had, perhaps, as great a love of games as ever, but much of the muscular work had been taken from them. The rich man sat or stood while grouse or pheasants were driven to him instead of walking the moors or woods to find them ; the poorer man paid his entrance money to see a few experts playing cricket or football, instead of exercising his muscles by playing the game himself ; and some of the most manly and best exercises, such as wrestling, boxing, and fencing, had almost become extinct throughout the country.

The subject of the deficient use of muscles was a very wide one, affecting the work of every other organ of the body, and it was needful that the medical profession should recognise its importance. For a large part of the metabolism of food,

took place in the muscular system, so that the amount of food required by the body, the amount of animal heat to be produced and got rid of, the amount of excretory products to be eliminated, should all depend on the amount of muscular work done, and much disease would be prevented, and in many cases much better health enjoyed, if this fact were more thoroughly understood and acted upon. It was a reflection on their profession that they often treated their patients with drugs when all that they required was more exercise or less food; as also that they were leaving it to various professors of exercises to teach them how much could be done to restore health, and to keep people in good health, by properly regulated muscular work. Physical culture was one of the most pressing questions of the day, for it was the only means of providing a remedy for the state of muscular degeneration which was so prevalent. It ought to be considered by every educational authority, for by its means dwellers in city and country alike could have their muscular systems built up and developed to a healthy standard. There was no need that any collection of children who were not diseased should become a class of muscular degenerates. It was a very serious matter that a considerable number of healthy, well-fed boys from some of our best public schools were too physically undeveloped to join the army as officers until they had undergone a course of physical culture after leaving school, and that large numbers of children in the elementary schools were diseased and physically undeveloped.

—*The Statesman.*

MALARIOUS FEVER.

Lower Bengal is without exception notoriously malarious. The time for malarious fever is coming. If we can take precaution beforehand, we will be able to arrest the dreadful disease to a great extent.

Fever generally comes on with shivering and then comes heat which is more or less prolonged and ultimately leaves the patient with more or less perspiration. During the intermission the patient suffers very little. After a certain interval there is again a paroxysm of fever. If this state of things continues for a long time, the patient becomes weak, feels exhausted and an anemic or bloodless state supervenes. Gradually the internal organs are affected, spleen and liver are enlarged and hardened and their physiological actions are interfered with and the life of the sufferer is in danger. This last stage of the disease is often hastened by the undue interference of the physicians. In their anxiety to cut short the paroxysm they generally administer big doses of some antiperiodic, specially cinchona and its alkaloids, Arsenic, salicina &c &c. These almost invariably undermine the patient's health to a serious extent and bring about his ultimate dissolution.

As preventive measures we repeatedly asked our countrymen, especially the village people to pay more attention to their surrounding sanitary conditions and the purity of drinking water. They do not like to pay a single pie for these purposes while when they are ill, they can spend money for doctors and medicines. If there is a mind, there is a way. If we really want to ward off the malarious attack, we can devise means for cleanliness and storage of good water. This is no conjecture. We always see our European residents of these places enjoying immunity from the disease while we suffer greatly.

Poverty no doubt is one of the predisposing causes, but that is not all. Our rich village people suffer in the same manner as the poor ones. The thing is we do not know how to live and how to ward off possible attack of sickness. Chill is one of the principal causes of malarious fever, so we should avoid as much chill as possible. Damp places to live in, night air and exposure to rain and chilly wind should be avoided.

When actual invasion takes place, always resort to simple medicines. Don't be in a hurry to cure the disease with injurious medicines. If you want to resort to quinine and other antiperiodics, watch the opportunity. When in perfect intermission and freedom from concomitant ailments such as bone-pains, insomnia, headache and general malaise, then quinine can be taken and in these instances the cure is perfect and permanent. Homeopathic medicines are of great benefit under such conditions. They do not suppress the disease but a perfect cure is effected. It is a bad thing to worry the physician to expedite the cure with all injurious methods but there should be thorough reliance in him and proper time should be given to effect a radical cure.

All the remedies of our *Materia Medica* should be thoroughly studied in their bearing upon the subject of fever, along with all the general and constitutional symptoms and success is sure to attend. We name below some of our principal remedies which have the reputation of curing most of the cases of malarious fevers.

Before speaking of the individual remedies for this fever, I shall quote here what I said about it in a paper presented to the International Homeopathic Congress held in London in the year 1896. It runs thus :—

"We now come to the most important subject of our discourse—the therapeutics of intermittent fever. At the outset

we must say that it is a most difficult problem before us, especially as homeopaths.

It is difficult, not because we have not sufficient therapeutic resources at our disposal to combat the disease, not because our remedies are powerless against it, but because our physicians are not familiar with the way how to select our remedies; or they deal with the case summarily, not paying particular attention to our *Materia Medica*. Intermittent fever is a hydraheaded monster. In our effort to get rid of it we are to aim our blow not to one head only, but to all the heads.

Thanks to the efforts of many of our illustrious homeopathic physicians of Europe, America and India, the much vexed question of the therapeutics of intermittent fever has got a resting place. It was a general belief in this country that homeopaths had no good remedies for intermittent fever, and that false notion was to a great extent dispelled by the efforts of our late Dr. B. L. Bhaduri. In selecting a true remedy for a case of intermittent fever, not only the symptoms of chill, heat and sweat, not only the signs of the prodrom and apyrexia are to be taken into consideration, but all other bearings of the patient should be noted down. The patient's countenance, his respiration, pulse and other concomitants, and even his surroundings should be taken into account."

* * *

(To be continued.)

P. C. MAJUMDAR, M. D.

THE QUESTION OF RECONCILIATION BETWEEN THE TWO DOMINANT SCHOOLS OF MEDICINE.

ELDRIDGE C. PRACE, M. D.

In considering this question which seems to be of paramount importance at the present juncture, there seems to be several preliminary points presenting themselves for consideration.

The first one of these points is : Is a reconciliation desirable ? This question may be answered by the second one which confronts us : Is the present relationship between the two schools a scientific situation ?

To clearly define this situation is a more difficult matter, because of the variety of interpretations made by different minds differently constituted and differently prepared for considering the subject, and the great variety of points of view occupied by these different minds. It, therefore, becomes necessary to present the most striking fundamental differences which are obvious to all educated minds, and to consider whatever relationship may exist between these differences.

The pronounced therapeutic nihilism of which Osler has been so ardent an advocate, but which is by no means a new idea, is one of the facts to be considered in this problem ; the opsonic theory emphasized by Wright is another factor worthy of consideration ; and the "principle of immunity" advocated by Dr. Richard C. Cabot may also be considered. These points, on the one hand, constitute the chief views which may be regarded as having a scientific basis, which are entertained by the older school of to-day. On the other hand is the believer in the factor which differentiates the practitioner of homeopathy from the other division of the profession known as the older school.

As to therapeutic nihilism which teaches the physician to be patiently expectant of possible emergencies which may arise, and which proposes that he shall be prepared to intelligently meet these emergencies, there is little to be said except that men of this class lose much when they ignore the fact that the human

organism does respond to many of the agents known as drugs, and from which fact it is possible to formulate definite, practical ideas of how to utilize this knowledge at the bed-side. However, men of this class probably do much less harm than the older class from which they have reacted, the class of heroic prescribers, of massive dosers, of the forcers of nature into artificial channels devised by ingenious sophistries. The average man of this class is no better educated, and no better qualified to judge of facts, than is the average man of other classes of therapeutic belief; and he should, therefore, be satisfied to grant the right of difference of belief to these other men, if they will grant him a similar right.

As to the believers in opsonines and anti-bodies, they have not yet been able to satisfactorily prove that homeopathy may not be the principle upon which the curative results of such a system depends. In all charity, therefore, this class of men should be willing to extend to all other equally well educated men who honestly differ from them in belief, this same right of difference of opinion.

As to the "principle of immunity" mentioned by Dr. Cabot, we agree with Dr. Jas. Krauss of Boston, whose article in the July, 1907, number of the N. A. J. H. characterizes this principle correctly as relating "not so much to therapeutics as prophylaxis;" and while there is little doubt the liberal believers in the other therapeutic ideas mentioned will grant Dr. Cabot the right to apply his immunity principle within the realm of therapeutics, and all advocates of this immunity principle should also grant to others the right of other views.

Then we have another class of men which may be regarded as the class of practical workers who care nothing for theories whatever. They have graduated from the various colleges of the two dominant schools, but their methods of practice are almost identical. These gentlemen may be subdivided into two classes, one class having graduated from the older school colleges, and are regarded as members of the "allopathic" or "regular" profession. The other class consists of men who have graduated from colleges

of the "homeopathic school," and are regarded as representatives of the "homeopathic" profession. As already suggested, there is very little difference between the practice of these two sub-classes of the profession, and there is no reason why they should not both belong to one medical organization, but they do not.

There may possibly be other views which are regarded in the minds of some as fundamental and of no less importance to humanity than those already cited, but I think the foregoing are sufficient to note for our purpose.

The relationship, it is obvious, between the two great branches of the medical profession, is not a scientific situation, and is scientifically inexcusable.

It would, therefore, seem that a reconciliation of the two schools of medicine in this present day of equal medical education for all physicians, depends upon a recognition of what was many years ago called by Thomas Paine "the rights of man," the right that all men have to individual opinion.

Science deals more largely with the probable than with the possible. There are few accepted truths of one day of science that may not be among the questionable things of the next day, and the foundation upon which all medical men should stand is the foundation of a common and equivalent education which forces each individual to independently use his brains.

The reconciliation, therefore, of the "allopathic" school and the "homeopathic" school should depend upon the education which teaches all men to adopt the attitude of the true scientist; the men who rarely dogmatize, who recognize that probabilities are great attainments in science, that man is infallible, and that all properly qualified men have an equal right to difference of opinion even on points believed by each to be vital.

As to the principle of similars, there is no more doubt of its truth in the minds of the men who practise homeopathy than there is doubt of the truth of other therapeutic views in the minds of the advocates of these respective views.

On the part, therefore, of what may be called the charity of

science, there is no reason why there should not be a reconciliation of the two dominant schools of medicine, why men who honestly differ in their theories and their practice should not stand side by side on the same educational plain, as men who are endeavoring to heal the sick.

Furthermore, there is another reason why the men who are striving for the same goal should each recognize the other as his peer in medicine ; and that is, many of these men as a matter of fact apply the same agencies under the same conditions and for the same ends.

This question of a reconciliation of the two great divisions of the medical profession does not stop at post-graduate organizations, but as time goes on our colleges must inevitably be evolved, at least in the tendency if not in the actual work of preparation of the individual in the scientific attitude of the post-graduate, as suggested in the foregoing remarks.

Both post-graduate organization and college act and react upon each other, respectively. Unless the post-graduate be educated and prepared for work in this broad field of reconciliation of scientific views, the post-graduate organization will not have material from which to build ; and unless the post-graduate organizations have laid this broad foundation for the general medical profession, the colleges will be slow to educate men with the charitable and progressive views which should characterize the physician of the immediate future.

From the position outlined in what has been said, a logical course would be for both the American Medical Association and the American Institute of Homeopathy to endeavor through the harmonious action of the Medical Council, respectively, of each of these organizations, to formulate a definite plan to bring about the end above suggested, *i. e.*, to prescribe a curriculum for every medical college in this country in which all there is of effective therapeutics should be taught, which must include instruction in technical antipathy, technical allopathy, and in technical homeopathy, the definite field of each being carefully and conscientiously outlined.

The adoption of such a rational course would at once create a situation the logical force of which would promptly place all educationally qualified physicians on the same plane regardless of therapeutic belief; and an application for membership in the American Medical Association would not be assailed with questions of whether or not the applicant avowedly practised homeopathy, but whether or not his collegiate training had included instructions in all of good there is in the philosophy of therapeutics, including a thorough knowledge of homeopathy.—*Progress*.

STILLINGIA.

It is called "The Queen's Delight" or *Stillingia Sylvatica*. It is named from Dr. Benjamin Stillingfleet, an English botanist of the eighteenth century, author of "Miscellaneous Tracts Relating to Natural History," 1759. The plant belongs to the natural order Euphorbiaceæ. The numerous stems arise from a large woody root, erect on ascending, one to three feet high: herbaceous or slightly woody below; simple, umbellately branched above; smooth, terete, with a milky juice. The leaves, nearly sessile, vary in shape from narrow lanceolate to the broad oval. The seeds are nearly globular, silvery-like, roughish, with a well marked Caruncle. The plant grows in dry sandy soil in the Southern United States, from Virginia to Florida and westward to Texas. It is an insignificant looking weed-like plant, and is not in cultivation in English gardens. The important part is the root (U. S. P.). It is not official in the British or Indian Pharmacopeia.

Stillingia occurs in long cylindrical pieces, from one-third inch to more than an inch thick; wrinkled from drying, of a dirty yellowish-brown color externally, and, when cut across, exhibiting an interior soft, yellowish, ligneous portion

surrounded by a pinkish colored bark. The odor is slight, peculiar and somewhat oleaginous, but in the recent root, it is said by Dr. Frost to be strong and acrimonious. The taste is bitterish and pungent, leaving an impression of disagreeable acrimony in the mouth and fauces. Nothing certain is known of its composition, but the active principle is said to be volatile, and the root consequently loses much of its activity when kept. Its virtues are imparted both to alcohol and water.

In large doses *Stillingia* is emetic, cathartic and alterative. Dr. T. Young Symonds, who first introduced it to the notice of the profession, regards it as a valuable alterative in syphilis and the affections where mercury is commonly employed. In America other physicians, like McMechan and Hale, have spoken highly of its effects, and consider its merits in secondary syphilis, scrofula and chronic liver diseases as established.

My own experience has been confined to its action in hypertrophy of the faucial tonsils. Some years ago, a girl aged twelve years—whose mother had died of pulmonary tuberculosis—had both faucial tonsils enormously hypertrophied. The enlargement was of the soft variety and was sufficient to compress the uvula between them. The family were opposed to operative interference, and the remedy was given with the simple idea that as *stillingia* had a special action on the throat, it might also act on the lymphatic tissues. The tincture—made from the fresh root, because of the volatile active principle—was administered in five drop doses in a spoonful of water every night on retiring. This was continued for three weeks; the remedy was suspended for ten days, then given for three weeks and suspended as before. The alternating rest and drug administration was kept up for five months, with the result that the tonsils were as completely reduced as if by operation.

Stillingia does not act well on the hard, fibrous tonsil, and the very little experience I have had with it in adenoid hypertrophy does not, as yet, permit me to decide on its usefulness in these cases. However, as torpor of the lymphatics, and enlarged cervical glands are leading indications for the remedy, one may possibly obtain an action on the adenoid tissues—if a tincture from the fresh root be employed.

The other indications for the remedy are gloomy forebodings—an important symptom. Smarting, dryness and rawness of the fauces; burning in the throat with painful deglutition. Dry, spasmodic cough; larynx feels constricted; with stinging in fauces and left tonsil inflamed and enlarged. Trachea feels sore when pressed. Hoarseness and the chronic laryngeal diseases of public speakers. Aching pains in the bones of the extremities and back. Syphilis, secondary eruption and the later symptoms. Aggravation is in the afternoon; from damp air and from motion. The symptoms are better in the morning and from fresh, dry air. In many cases, after unusual exertion of the voice and catching cold, a tickling in the larynx results, with loose cough, a sensation of lameness in the cartilages of the larynx and trachea; a bruised, sore feeling in the laryngeal cartilages. Also in laryngitis, especially if syphilitic, with hoarseness and dry, spasmodic cough. Croup, tickling sensation in the trachea towards evening, which causes a dry spasmodic cough. The bone pains are very severe; immense nodes are found on the long bones, especially on those of the lower limbs and on the cranial bones. The patient looks thin and miserable. Headaches, syphilitic, catarrhal and also of mercurial origin. Chronic periosteal rheumatism; scrofulous periostitis. For these conditions *stillingia* is recommended.

One can see from this rapid resume of the remedy what great possibilities and spheres of action it may have.

Its chief work seems to be the removal of inflammatory products by the persistent stimulation of the lymphatic vessels; by increasing their power to carry away such products, the affected parts regain their normal vascular and lymphatic circulation. Pain and swelling, therefore, are soon relieved. In some cases of laryngitis, the local soreness is not due so much to the actual visible congestion of the parts as to lymphatic engorgement—a condition producing soreness and tenderness on pressure in any portion of the body. Massage naturally relieves, or at least helps such cases very much.

It may now readily be understood how a remedy like stillingia can reduce a soft tonsil, yet cannot affect a tough fibrous one, in which the lymphatics are, to a great extent, obliterated or destroyed. Even after the removal of the tonsils and adenoid growths I would suggest the administration of this remedy to prevent any tendency to recurrence and to benefit the general health.

The provers of stillingia were Hale—in laryngitis; Martin—in bone pains; McMechan, Hale and Martin—in secondary syphilis; Hale—in scrofula. When necessary the remedy can be taken in the 3x dilution—five drops three times daily—until improvement sets in and then only one dose daily of the 3x dilution or the tincture at bedtime.

—*The Hom. Eye, Ear and Throat Journal.*

STICTA PULMONARIA.

This remedy, known as "Lungwort" lichen, is prepared in the form of a tincture from the fresh lichen grown on the sugar maple. It was introduced by Dr. S. P. Burdick, and was studied by Hale. It has a wonderful action in certain

catarrhal conditions of the nose and nasopharynx *when diminished secretion is so pronounced that excessive dryness of the parts results.* Hence it acts best when any or all of the following symptoms are present :

Dull, heavy pressure in the forehead and the root of the nose, increasing each day. Catarrhal headache before discharge sets in. Soreness in the eyeballs—aggravated by motion. Constant desire to blow the nose but no discharge results, on account of the dryness. Excessive and painful dryness of the mucous membrane; secretions dry rapidly, forming scabs difficult to dislodge. Influenza; nose stuffed up, nasal secretion dries up so rapidly that it cannot be discharged. Soft palate feels like dried leather, making deglutition painful; irritation in the chest, with oppression in breathing and a dry tickling cough. Dropping of mucus from the posterior nares; throat looks and feels raw. Dryness in the nose at night; seems unable to breathe through the nose, and sleep is interfered with.

Sticta is best prescribed in the 3x dilution on tablets; two tablets may be taken every one, two or three hours according to the severity of the symptoms. Give only once daily in chronic cases. Many a coryza can be aborted or at least modified by taking *sticta* when the postnasal dryness—due to congestion—indicates commencing inflammation; head cold nearly all start in that locality.

—*The Hom. Eye, Ear and Throat Journal.*

News and Notes,

RECOGNITION OF HOMEOPATHIC WORK BY THE GOVERNMENT OF INDIA.

The following interesting item is from the *Catholic Times* of August 9th :—

"The Government of India has awarded the Kaiser-i-Hind Medal to the Rev. A. Muller, S. J., in recognition of his charitable services. Father Muller's name is widely known in India as Director of the Homeopathic Poor Dispensary at Kankanady, opened in 1891. To these has been since added through his untriring zeal and energy a fine hospital, a Poor House, and a Leper Asylum, while the Plague Hospital, opened in 1902 at the outbreak of the bubonic plague here, rendered very valuable services during the epidemic"—*The Homeopathic World*.

Bacteriological Note—"ON the Differentiation of the Meningococcus from other Gram-negative Diplococci in the Naso-pharynx of Cerebro-spinal Contacts." By Dr. R. M. Buchanan (*Lancet*, 1907, June 8th, P. 1590) —The Meningococcus produces an acid reaction, which the *Micrococcus catarrhalis* does not do. The culture media employed are made up on the principle of Löffler's serum, with 1 per cent. of glucose, galactose, maltose or saccharose, and with 1 : 10,000 neutral red. They are usually prepared in Petri dishes. In eighteen hours an acid reaction is shown on the first three sugars. Besides, fluorescence is observed in the condensed water and a yellow puslike deposit. No growth takes place at 23° to 25° C. These culture media have proved very useful for diagnostic purposes. On them the meningococcus remains alive at 37° C. for a fortnight.

—*The British Homeopathic Review*.

Book Review,

1. Practical Observations Upon the Chemistry of Food and Dietetics. Second revised and enlarged edition. By J. B. S. King, M. D. 147 pages. \$1.00, Postage 5 cents. Philadelphia. Bbericke & Tafel. 1907.

As the author very truly observes, "human food in the complex must contain all the elements of the human body" and so a knowledge of the chemistry of food must be one of the principal considerations for the preservation of health and the maintenance of life, and as such this book cannot but be of interest to the medical practitioner as well as to the people in general. Coming as it does from the pen of Dr. J. B. S. King, who has made a special study of chemistry and toxicology, it becomes all the more important. Beginning with the chemical constituents of food, the functions of the food, absorbability of food etc and taking into consideration the different kinds and varieties of food stuffs such as egg, milk, meat, fish, cereals etc, the author ends the book with a chapter on diet for special conditions. The consideration of infant feeding and the food suitable in different kinds of diseases, such as diabetes, Bright's disease etc. makes it particularly interesting. The book is well got up and does credit to the publishers.

2. সূত্র ও হানিম্যান—শ্রী হরেন্দ্রনাথ ঘোষ প্রণীত।

We have been favoured with a copy of the above book for review. While competent to deal with the question of the Organon of the Healing Art as promulgated by Hahnemann, we do not consider ourselves capable of reviewing the portions of it that relate to Susruta. The author has very truly observed that now-a-days we find many homeopaths in this country, but we find few that have read or that have understood the Organon, although it is impossible to be a homeopath without knowing the fundamental principles of homeopathy. The exposition of the different chapters of the Organon as incorporated in the vernacular in this book is interesting. The price of the book is very reasonable and it is well got up.

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EPILEPSY.

It is a most wonderful thing that even the most careful researches have failed to ascertain the real seat of the disease in epilepsy. However it has been surmised by the latest investigators that certain histological changes take place in the medulla oblongata. Trauma is one of the principal existing causes. Heridity, over-exertion, mental excitement and sexual perversions are some of the other causes.

Without discussing the symptoms which are quite varied and variable, I shall take up the study of therapeutics.

The best medicines to remove the symptoms during the attack, I find, are Bell, Hyosc., Agaricus, Angustura and Cœnanthe. When the convulsions are quite severe and the face is flushed and the patient tries to use force, then I give Belladonna. While it has very good effect in mitigating the suffering, it is hardly sufficient for a cure. Hyosciāmus is called for when the patient is inclined to be obscene. The face here is generally bluish, the patient screams a great deal and ultimately goes off into a soporous sleep. This condition is very much like Opium.

If there are frequent attacks, one following the other, then *Artimesia* is a very good thing:

Arnica is the king of remedies if trauma is the cause of the disease. *Raye* recommends the 200th potency.

I cured one case with *Bufo* where I know the patient, a youngman of 25, kept well for three years. I do not know where or how he is now.

Silicia did wonders for a young lady, about to be married, where she used to have the attacks during the change of the moon.

Another youngman of rather sedentary habits derived much benefit from *Nux Vom*. He is all right now. It is necessary to keep the patient under observation for years to be able to declare that he is cured. Relapses frequently take place six months or even a year after,

Caulophyllum is indicated in females when the attacks come on during the menses.

Calcarea is a great constitutional remedy. *Lachesis* is another. *Causticum* and *Zincum* may be thought of if the disease is due to suppressed exanthemata. *Cuprum* is indicated if you have its characteristic spasms.

Pulsat., *Lil. tig.*, *Sepia* and *Secale* are some of the female remedies that are sometimes required according to indication.

Now in conclusion I want to mention this fact that while it is very difficult to give a favourable prognosis in this disease, we should never despair, as I have myself made several decided cures. But we must have a great deal of patience. It is a disease that will tire the patience of the physician and the patient alike.

J. N. M.

CHLOROFORM AS AN ANÆSTHETIC.

• To the public at large one of the most interesting of the discussions at the annual meeting of the British Association at Leicester last month was that which arose out of the presidential address in the Physiological section. The address was delivered by Dr. Augustus Waller, F. R. S., who dealt with the action of anæsthetics and the means of preventing mishaps in the administration of chloroform. On the whole the address and the subsequent debate, in which, among others, Sir Victor Horsley, the eminent surgeon and Dr. F. W. Hewitt, anæsthetist to His Majesty the King, took part, should help to reassure the public mind as to the use of anæsthetics. They show how medical skill can reduce to a minimum the risk to the patient.

There is no reason now-a-days why a patient should feel any more qualms about taking an anæsthetic under a skilful administrator than about taking a trip on a well-managed railway or a voyage on a well-found mail steamer. Fatal results from chloroform or other general anæsthetics are not only few in proportion to the enormous number of operations, but the ratio, as Professor Schutter pointed out, is far less than it used to be. The decreasing percentage is directly traceable to improved methods of administration and extended acquaintance with the physiological effects of the agents employed to induce unconsciousness. It is now exactly 60 years since Simpson's great discovery of the surgical value of chloroform vapour, and had the number of deaths under chloroform been far greater than they have, mankind would still owe a debt of deep gratitude to the discoverer. In "The Memoirs and Letters of Sir James Paget" we are given an idea of the enormous amount of suffering

which has been done away with through the use of anæsthetics. When Sir James was "Warden" at "Bart's," in the forties, Lady Paget was haunted and saddened, we are told, by the cries which reached her from the operating-room, and her husband would find her "looking worse than the patients." The operating-theatre was then a veritable torture-chamber, and only the strong would survive the shock of an operation. It was the merciful advent of chloroform that relieved Lady Paget's distress and made the surgeon's task bearable for men of compassionate natures. Nor can the beneficent work of chloroform be measured by its alleviation of pain alone. It has also enabled the surgeon to perform operations which would have been utterly impossible unless the patient could be kept quite unconscious and absolutely still. Lives innumerable have been saved and afflictions innumerable have been removed solely because surgery has had the anæsthetic to aid its progress. Together with the antiseptic the anæsthetic has been the making of modern surgery.

Since the anæsthetic is so indispensable, the public must feel keen satisfaction at the new knowledge of its properties which physiologists like Dr. Waller and practical anæsthetists like Dr. Hewitt are accumulating for the benefit of the medical profession. Their aim is to provide what we may call "checks" for diminishing such risks as there may be of untoward consequences. These "checks" are of two kinds; one set depends upon clinical observation of the patient's symptoms; the other upon arithmetical regulation of the quantity and strength of the vapour inhaled. The clinical symptoms are, of course, the result of physiological changes that must be studied both in the laboratory and at the bedside. When a patient inhales chloroform, the vapour, diluted with air, is distributed all over the body by the circulating blood. The lymph which surrounds the tissues becomes

a weak solution of chloroform and water. Then according to their susceptibility the different parts or organs fall under the deadening influence of the drug. First to succumb is the grey matter of the brain. That means cessation of conscious sensation and movement. Next go the organs of unconscious reactions, the grey matter of the spinal bulb and cord. Reflex action, such as winking the eye when the eyeball is touched, stops before automatic action, such as the respiration or the heart beat. Thus there are four stages of anæsthesia, with "finger-posts," as Dr. Waller terms them, to mark their bounds. First comes a period of preliminary agitation or excitement. Then follows loss of sensation and voluntary motion, while reflex and automatic movement persists. This is "light" anesthesia. The "finger-post" between it and the next stage is the winking of the eye when the eyeball is touched. If the eye does not wink reflex action has ceased, and the anesthesia is "deep." This is the stage required for major surgical operations. The "finger-post," on its other side, is the movement of respiration. Arrest of breathing indicates that the fourth stage has been reached, and that death will ensue unless prompt measures be taken to revive the patient. "Stoppage of respiration," said Dr. Waller, "means danger; stoppage of the pulse, death," but Dr. Hewitt declared that he had known of recovery even after the pulse had ceased to beat. The great clinical "check" is, therefore, observation of the breathing, though according to Professor Schafer, of Edinburgh, it is equally necessary to watch the pulse, as "by carefully influencing the effect of the anesthetic upon the heart, fatal results even from an overdose can be diminished." Not content with the "finger-posts" supplied in the patient's symptoms, students of anesthetics have worked out the percentage of vapour to air that can be administered with

safety. Dr. Waller implies that in the past the risks were increased by making the percentage too high, as much as 10 per cent of vapour having been inhaled at a time, whereas it is now known that from 1 to 2 per cent is at once effective and safe, if continuously administered. With the apparatus now available it is possible to regulate the percentage, though, of course, as Dr. Hewitt urged, there is still the special idiosyncrasy of the individual patient to be reckoned with in exceptional cases. At the medical schools in England and elsewhere special training in the administering of anesthetics is now being more and more insisted upon, so that students may thoroughly understand the best and latest methods of avoiding accidents. Dr. Hewitt, who is perhaps the most experienced anesthetist in the world, declares that the percentage, method aided by the knowledge that comes by practical experience, robs the administration of anesthetics of its terror.—*The Statesman*.

CHOLERA ASIATICA.

(Continued from page 259, No. 8, Vol. XVI, I. *Æ*. Review.)

But to me it seems a most hazardous thing to do. Cholera is a disease where the life of the patient is in danger from beginning to end and therefore it needs the most careful and conscientious treatment. Dr. Mahendra Lal Sircar very truly observed "The indispensable requisites in the treatment of cholera, as indeed of every disease, are a knowledge of its pathology, or a right interpretation of its phenomena, in other words of the symptoms subjective and objective with reference to their seats in the organism; a knowledge of its natural history or of its course when left to itself; and finally a knowledge of the properties of drugs, or of their physical and pathologic actions."

As in the treatment of every other disease, so also here the law of similars can never advance a set of medicines that will always cover all cases of cholera at all times. With the daily increase of our therapeutic resources on the one hand and the different kinds of symptoms developed in diseases at different times, we will always have to recoup our knowledge so long as we exist in this universe. My aim here therefore, however elaborate I may try to be, would be to show how we have treated cholera cases heretofore and how far we have been successful in treating this dreadful malady. As is very truly observed by one of our greatmen "there is no royal road to cure," so our treatment of any disease must include a study of all the remedies incorporated in our materia medica. At best we should always remember that we treat the patient and not the disease.

Before taking up the study of the remedies individually I shall try and incorporate the treatment of cholera as narrated in the "Therapeutics of Cholera" by my father Dr. P. C. Majumdar stating here and there some of the valuable experiences of my late venerable grand father Dr. Behari Lal Bhaduri. This latter gentleman along with the late Dr. Mahendra Lal Sirkar and Leopold Salzer revolutionized the treatment of cholera in this country by introducing homeopathy. Ever since then homeopathy has become one of the principal systems of treatment in vogue in this city and in many parts of Bengal.

For convenience in describing the medicines in the treatment of cholera, it is usual with authors to divide the disease into various stages. It is not exactly that these stages appear one after the other in regular succession as described, but on the contrary we often find one stage merging into the other. It cannot be expected to see the actual disease developed as described in the books. All

writers on cholera agree in recognizing the following stages of the disease. First, the premonitory stage ; second, stage of evacuation or full development ; third collapse stage, and, fourth, the stage of reaction. We shall describe the treatment in this order, reviewing the complications and sequelæ of the disease at the end.

The number of remedies in true cholera is not evry great. Hahnemaun first suggested Camphor, Veratrum alb. and Cuprum and this suggestion is so simply recorded that there is no difficulty in treating the disease.

In the first stage, it is difficult to recognize the true nature of the disease, so people pay very little attention to it ; the physician is not generally called at this stage. But if there are malaise, great prostration, pains in various parts of the body, and other uneasy sensations, a few doses of Aconite will remove them. If there are digestive derangements—loathing of food, no appetite, thin, diarrhœic stools, Nuxvomica, Pulsatilla and Veratrum may be useful. In Premonitory diarrhœa I generally use either Camphor or Veratrum after each stool, and that is generally sufficient to prevent the further development of the disease.

In the stage of purging and vomiting, or, in other words, when the evacuations fully set in, the following medicines are to be considered :

	<i>Camphor.</i>
	<i>Cuprum met. or acet.</i>
	<i>Ricinus.</i>
	<i>Jatropha.</i>
<i>Veratrum alb.</i>	<i>Euphorbia.</i>
	<i>Croton tig.</i>
	<i>Antimonium tart.</i>
	<i>Elaterium.</i>

Veratrum may be considered as the type of a class of

remedies which are more or less potent in checking an undue evacuation and bringing it into natural color and consistency. In fact, by the administration of one of these remedies according to indications, the further mischief may be averted.

Veratrum album.—As students of the old school, we are very familiar with the fact that *Veratrum* is a drastic purgative, so, according to the Homeopathic law of cure, it must be a medicine par excellence for choleraic evacuations—both purging and vomiting. From our repeated experience, we can give *Veratrum* the highest place in the developed stage of cholera. The late lamented Professor Farrington says: “*Veratrum* seems to act prominently on the abdominal organs, acting probably through the splanchnic nerves. When these nerves are paralyzed, the blood vessels become overcharged with blood, and pour forth their serum. The prostration, the coldness, the terrible sinking sensation that belong to *Veratrum*, all start from these nerves.”

Indications for administering *Veratrum*: Vomiting and purging of a large quantity of serous fluid—“rice water” evacuations as they are called; colicky pains through the abdomen; cramps in the extremities, especially in the calves of the legs; great prostration; cold sweat, especially on the forehead; coldness and blueness of the face and hands; great thirst for large quantities of cold water and acid drinks.

In times of cholera outbreaks it is wise to give *Veratrum* at the first appearance of diarrhœa, so that no further and serious development would take place. In such cases *Veratrum* has marvelous effects. We have many a time saved numbers of cases by the timely administration of this remedy. It is true that in *Veratrum* poisoning, the stools are not always choleraic in nature; they are distinctly bilious,

greenish, watery, with flakes, and there may not be total suppression of urine, but whatever may be the toxicological effect of *Veratrum* about the evacuations, our clinical experience is very wide as regards the curative results concerned. So we can confidently advise its use in all kinds of stools and vomiting.

In cholera, general depression of strength is very great, and here *Veratrum* is also one of our sheet anchors. Hahnemann gives the following symptoms of poisoning in his "Lesser Writings :—" "Two children took White Hellebore by mistake. A few minutes after taking the drug they became quite cold, fell down, their eyes projecting like those of a person in a state of suffocation ; the saliva ran continually from their mouths, and they seemed devoid of consciousness. I saw them half an hour after the accident, and when I arrived both seemed at the point of death ; distorted, projecting eyes ; disfigured, cold countenance ; relaxed muscles ; closed jaws ; imperceptible respiration."

As regards dose, I generally commence with the 12x and subsequently give 30x. *Veratrum* 3d or 6th centesimal trituration is sometimes useful.

Our next great anti-choleraic remedy is Camphor. It is used in the preliminary diarrhœic stage, as well as in the collapse stage. When the system is overwhelmed with the cholera poison Camphor should be thought of. The body is icy cold, voice husky and prostration is intense. As soon as the patient is passing diarrhœic stools no time should be lost in administering the remedy. In this stage, if we give from one to five drops of Camphor after each stool we are almost sure of checking the further progress of the disease. Hahnemann says : "In the first stage Camphor gives rapid relief, but the patient's friends must themselves employ it, as this stage soon ends either in death or in the second stage

which is more difficult to be cured, and not with Camphor. In the first stage, accordingly, the patient must get as often as possible (at least every five minutes) a drop of Spirit of Camphor (made with one ounce of Camphor to twelve of alcohol) on a lump of sugar or in a spoonful of water.

"The quicker all this is done at the onset of the first stage of the disease, the more rapidly and certainly will the patient recover, often in a couple of hours warmth, strength, consciousness, rest and sleep return, and he is saved."

What Hahnemann said above has all been very well proved in our own practice in India. In my younger days, when I was called in the very beginning of a cholera attack, I was almost invariably successful with Camphor alone, but later on I have scarcely a case of cholera where I get the opportunity of administering Camphor, as the stage is advanced and Camphor has no place.

Cuprum.—It is really a very efficacious remedy in the developed stage of cholera. It generally checks purging and vomiting, and is pre-eminently useful in cutting short the distressing and painful cramps in the extremities and other parts of the body. Hahnemann placed great confidence in this remedy. He sometimes advised us to give Cuprum in alternation with Veratrum. Our late lamented Dr. Bhaduri, who had treated more cases of cholera than anybody in Calcutta, used to say that he could treat almost all his cases with Cuprum alone. He was very fond of Cuprum Arsenicum in the stage of collapse with purging, vomiting and cramps. Drs. Drysdale and Russel, of England, speak very highly of Cuprum, as does Mr. Proctor also. This latter gentleman treated ninety-eight fully developed cases of cholera with this drug, and was satisfied with it. He writes : "For the cramps it was unquestionably the best remedy, and I may say for

vomiting also. In the stage of collapse I gradually found myself trusting to Cuprum, and the impression is very strong in my mind that in collapse it is the most reliable of our remedies."

Indications for Cuprum : Purging and vomiting of rice-water fluid ; colic of a paroxysmal nature ; constant restlessness ; cramps in the extremities, beginning in fingers and toes ; great exhaustion ; spasms in calves and abdomen ; icy coldness of the hands and feet ; quick, rattling and short breathing ; almost imperceptible, weak and thready pulse ; pale and sunken features ; great thirst—the water runs down with a gurgling noise ; relief of vomiting, after drinking ; urine scanty or entirely suppressed.

I prefer the higher potencies, commencing with the 12x and going higher. I have seen a distinct aggravation from the 3d and 6th. Cuprum ars. is very useful in cholera. Dr. E. M. Hale first drew our attention to its use in cases of cholera. He says : "I first used it in some severe cases of cholera in the year 1867 and 1876. These cases were marked by the usual intestinal disorders, to which were added severe and painful cramps in the abdomen and extremities. The alternation of Arsenic and Cuprum did not prove as satisfactory as I expected, but the use of Cuprum ars. in the 6th trituration, in water for children and dry on the tongue in adults, generally acted promptly. I can recommend it in cholera infantum, spasmodic and neuralgic pains in the bowels, accompanied by screams and cramps in the fingers and toes, attended with great debility and threatened collapse. I have used it in several cases, and can bear testimony of its value in cases indicated. Allied to Veratrum and Camphor are a number of medicines more or less applicable to check choleraic evacuations, and these are Ricinus, Jatrophæ, Euphorbium, Croton tig., Elaterium and Antimon.

Tart. Among these we had very satisfactory results from Ricinus in the epidemic of 1883.

Ricinus is used in cases of diarrhœic cholera. I mean cases which assume the nature of true cholera from indigestion or simple diarrhœa. We had numbers of cases reported in the Indian Homœopathic Review of that year. In a large family in Calcutta there was an outbreak of cholera, and three persons died of it, notwithstanding Homeopathic treatment was resorted to from the beginning. I was called when a fourth case appeared, and at once gave Ricinus, which had marvelous effect in restoring the patient to health. There were four more cases in this family, and they were all saved by the timely administration of this medicine. In this house I met a medical student who watched all the cases and was struck by the prompt action of my medicine. He was curious to know the name of the medicine. I told him it was Ricinus. He said Veratrum and Camphor and other medicines were given by the previous physicians to no effect. This time Ricinus was so efficacious, and that student (studying in the old school) gave the authority of Dr. George Johnson as the promulgator of Castor oil treatment in cholera. Indications : Purging and vomiting of rice-water fluid ; cramps in the extremities ; there is seldom or no pains in the abdomen ; extreme prostration ; complete suppression of urine ; scarcely perceptible pulse ; very slight coldness of the extremities.

In Ricinus cases there is gradual sinking of the vital powers : in this respect it differs both from Camphor and Veratrum which have rapid sinking. The stools may be sometimes tinged with bile, or a little slimy and mixed with mucus and blood.

I generally use 6th decimal potency after each stool.

Jatropha cur. produces depression of heart. Vomiting is

more prominent than purging. Indications are whitish vomiting, like white of egg ; stools watery and in gushes, gurgling and rumbling in the bowels, cramps in calves, pains and burning in stomach. There is coldness with slight perspiration and thready pulse. "Watery diarrhoea as if it spurted out from him." The alarming symptoms of cholera are not marked in this remedy, and the patient is devoid of any anxiety for his future. In fact he cares nothing for his disease and is cheerful.

Euphorbia is another remedy closely analogous in its action to Jatropha. Both these remedies, in fact, are medicines for choleraic diarrhoea rather than true Asiatic cholera. There is very little difference in their action. I use the 6th decimal dilution, a dose repeated after each evacuation.

Croton tig:—Though it is not a medicine for true cholera, it often cuts short the disease by its early administration, otherwise it would develop into a terrible disease ; stools are yellow, watery, passed forcibly like shot ; worse after food and drink ; deathly nausea ; vomiting after drinking and great prostration. Sixth decimal or 30th centesimal may be used.

Antimonium.—It is very closely related Veratrum alb., and I often use it when that remedy fails to act.

Indications : Very much like Veratrum. Purging of rice-water stool ; Vomiting with great effort ; cold, clammy perspiration ; drowsiness with complete exhaustion ; almost imperceptible pulse ; heart's action failing ; labored and difficult respiration ; and complete collapse. When cholera breaks out during an epidemic of smallpox, it is better to make a choice of Antim. tart. in the very onset of the disease. We have several times witnessed the charming effect of the remedy in such cases.

Iris versicolor is very efficacious in checking cholera

evacuations, but it is a remedy for what is called English cholera. I used it in cases where vomiting is a prominent and distressing symptom. Acidity, with burning sensation in the whole alimentary canal and bilious vomiting. In the case of a young gentleman in a suburban town of Calcutta, I got a charming effect from Iris. The attending physician tried all medicines to check purging and vomiting, without any effect. Iris versicolor was given and the patient was all right within a couple of hours. He had been suffering for two days before my arrival. These are the principal remedies in the developed stage of cholera. They are more or less potent in checking cholera evacuations.

But if the evacuations are not stopped, before it has done considerable damage to the system, the case goes on to next stage—the collapse. In this stage the patient is on the point of death ; in fact, all the signs of death are visible on him. We must not lose heart on seeing these serious symptoms, as we can still do a good deal of good to save the patient. The following remedies are to be thought of in the collapse stage :

<i>Arsenicum album.</i>	{	<i>Aconite.</i>
		<i>Camphor.</i>
		<i>Veratrum alb.</i>
		<i>Carbo vegetabilis.</i>
		<i>Cuprum arsen.</i>
		<i>Hydrocyanic acid.</i>
		<i>Cobra.</i>
		<i>Secale.</i>
		<i>Antim. tart.</i>

Practically a great deal of difficulty would arise in treating this stage of cholera. We have so many remedies closely analogous to each other, that it seems almost impossible to select one. If we take pains however to record the symptoms,

very minutely, our difficulty would be much minimized and we may come to a definite and reliable selection.

Arsenicum album, is a very important medicine in the collapse stage of cholera. Its pathogenetic symptoms are so closely similar to Asiatic cholera, that an arsenical poisoning case may be easily mistaken for a cholera case. It has a vast range of action, and we have repeatedly verified its curative power in most serious cases of the disease. It is for this reason that I select it as a prototype of collapse remedies. Its symptoms are very marked and unmistakable.

Great irritability associated with profound exhaustion is the prominent characteristic of Arsenic cases. You will see patients whose pulse vanishes, great weakness, even unable to utter a single word, great restlessness, anxious and irritable.

Indications for Arsenic: Great anxiety and restlessness; fear of death; great prostration of strength; sunken eyes, distorted face, pointed nose; cold and clammy perspiration; burning of the whole body; retching and vomiting; unquenchable thirst, drinking frequently but small quantities at a time, and vomiting immediately after drinking; violent burning of stomach and abdomen; urine completely suppressed; thin, watery stools.

When a patient gets an attack of cholera after eating too much fruit and drinking ice water, living in a damp place, exposed to the influence of putrefactive and offensive smells, Arsenic is the remedy.

I often use the 30th dilution in frequently repeated doses until favorable symptoms are observed. I have many a time saved very desperate cases of cholera by giving frequent doses of the 200th dilution when the 30th failed.

Arsenic has been frequently administered indiscriminately, without reference to its symptomatic indications. This is indeed a bad practice. It is, therefore, as Dr. Bell says, that Arsenic does more harm than good in the hands of ignorant persons.

Camphor has been used in the stage of collapse, but I have not found it very efficacious ; so generally do not resort to it in collapse. Indications : sudden and rapid prostration , coldness of surface ; cold sweat ; bluish countenance ; husky voice ; violent cramps and loss of consciousness. It should be cautiously given, and as soon as signs of improvement begin, or warmth returns, it must be stopped.

Aconite is pre-eminently the best remedy in the collapse stage of cholera. Dr. Richard Hughes says that in time Aconite will be a valuable medicine in cholera. Dr. Hempel is the first physician who draws our attention to its use in cholera. Dr. Hughes wrote this long ago, and I believe the time is now come, and we have used Aconite very extensively and with good results.

Indications : Great anxiety and fear of death ; great coldness of the whole body ; cold perspiration ; great thirst ; restlessness ; labored breathing, with pains and oppression of chest ; hardly perceptible, or thready and quick pulse ; weak and slow beating of the heart. In cases of violent colicky pains in abdomen, it is one of our greatest helps. An elderly lady had an attack of cholera, with collapse, restlessness and unbearable pains in the epigastric region. Many Homeopathic remedies were tried without effect. I found her in great agony, gave her Aconite *ix* every half hour, and in two doses she was relieved of her pains and reaction took place. In warm days with cool nights, and after exposure, I find Aconite very efficacious.

Carbo vegetabilis is one of our most reliable remedies in the

collapse of cholera. I employed it in very many cases where death seemed inevitable, and with good results. When the reactive power of the system is gone, Carbo veg. is indicated. Indications : The patient lies as if dead ; no signs of irritability about him ; pulseless ; cold and clammy sweat ; leaden hue of the body ; husky voice ; difficult and labored respiration ; no thirst ; no purging and vomiting ; abdomen often distended ; difficulty of breathing and suppressed urine. Lower dilutions are of no use ; 30th and upwards are to be employed.

Hydrocyanic acid.—It is a marvellous remedy, acting promptly, and sometimes snatching away the patient from the verge of death. On one occasion I had to attend a little girl. When I arrived I saw her gasping her last breath. She could not swallow medicine or anything else. I poured a few drops of Hydrocyanic acid on a clean handkerchief and put it to her nostril, and to my utter surprise I found her breathing quietly in a few minutes and she made a perfect recovery. It is for this reason that our esteemed colleague, Dr. Mohendra Lal Sircar, speaks of it as follows : "If any remedy is entitled to be spoken of as a charm, it is Hydrocyanic acid. It would seem at times to restore animation to a corpse." Indications : Icy coldness of the body with pulselessness ; breathing slow, deep and somewhat spasmodic in character, beating of the heart slow and weak, and stools generally suppressed.

Third or sixth decimal dilutions are generally used and sometimes frequently almost every half hour or so. It should be freshly prepared. Cyanides are often useful in trituration.

Cobra or Naja trip.—This is a medicine from the poison of a most venomous snake of India. The effect of this poison is very swift. Compare it to a sudden attack of Asiatic cholera. Dr. Salzer in his excellent book on

cholera, speaks of it and other snake poisons in the following words : "We administer them when respiration quickens; becoming at the same time more and more superficial, while the heart's action is normal and still comparatively vigorous. This sort of respiration is a sure sign of impending paralysis of the respiratory centre, and coincides in so far exactly with what occurs under the venomous influence of snake poison." Higher potencies are better.

Secale cornutum.—It is another very important medicine in the collapse stage of cholera. Indications: Watery, slimy and offensive stools; vomiting of water; eyes sunken; violent cramps of the calves, the hands and the chest; great restlessness; constant thirst; difficulty of breathing; pulselessness, or small, slow and almost imperceptible pulse; coldness of the body, but patient feels heat inside, and cannot keep clothes on body. I have very little confidence in *Secale* in collapse, but it is a very valuable remedy in some other conditions in cholera. It often removes distressing cramps when *Cuprum* fails. I frequently find it efficacious in removing that dreadful symptom, the cramps and pains in the side of the chest, and in the heart. Appearance of menstrual flow during an attack of cholera is very serious, and in such cases *Secale* proves of immense value. Typhoid condition in cholera is also a very dangerous complication, and here *Secale* is one of our great helps. . . .

Febrile heat after coldness; sleepiness with occasional restlessness and often profound comatose sleep; pinched appearance; frequent and small pulse. It may be useful in gangrene and bed sore, ulceration of cornea and some other symptoms, derived from the low vitality of the system after an attack of cholera. Dilutions from 6th to 30th best.

Veratrum alb. is also a very useful remedy in collapse. Dr. Salzer writes as follows: "I can hardly believe that

Veratrum should not be as useful in collapse owing to the paralytic condition of the heart. Perhaps we give the remedy at too long intervals. Dr. Carrol Dunham recommends it to be given like Camphor, every five minutes. Much of this disrepute of the drug in collapse may also be owing to its not having always been administered at the right place and according to right indications.

Antimon. tart. being a depressant medicine on the heart, is recommended in the collapse stage of cholera, and we often find it useful. Its indications are generally the same as Veratrum. I find it very useful in cholera with drowsiness and complete exhaustion.

Another medicine of collapse is Nicotine, the active principle of tobacco. It may be used in collapse with cold sweat, deadly nausea, sleepiness and weakness of heart's action. It is sometimes applicable in typhoid symptoms with vomiting and drowsiness. I have had very little experience with this remedy. (*To be continued.*)

MALARIA.

(*Continued from page 277, No. 9, Vol. XVI., I. H. R.*)

In the treatment of Intermittent fever a great deal of care and attention is required to study the remedies in our materia medica. Without this no successful cure can be effected. I see that many of our practitioners without taking due care in the selection of the appropriate remedy find it an excuse to say that without the administration of quinine malarious fever cannot be cured. This is truly sad. I know of many instances where such verdict was given by some reputed physicians of the city and the cases were ultimately cured by less known but careful prescribers.

I will narrate to you what I have said on the subject of

administering cinchona and its alkaloids in the treatment of intermittent fever in my article sent to the International Homeopathic Congress at London.

• "Of all the remedies for intermittent fever as foremost and first stands cinchona and its alkaloid quinine, the chininum sulphuricum of our nomenclature.

Quinine is no doubt a grand remedy in the treatment of intermittent fever and particularly that of malarious origin. We say it is a grand remedy not in the allopathic sense but because uncomplicated simple cases of intermittent fever are easily managed by infinitesimal doses of quinine. But like other remedies it has its limitation, its adaptibility, and its homeopathicity.

We are often told that in acute cases we cannot effect a cure without quinine in big doses. This idea is cherished by many of our own rank. This rather seems strange to me; on the contrary, acute cases are easily amenable to properly selected homeopathic remedies."

It is said by one of our brethern that cases occur in which a search for the similinum is of no avail and the cases are made over to an allopath who with a few doses of quinine effect a cure. It is not for these few cases where we cannot effect a cure that we lose heart and take shelter under an uncertain method of cure? We have repeatedly observed how miserably quinine fails to check the paroxysms of fever and we homeopaths cure with minute doses of potentised remedies truly homeopathic to the case.

The charm of quinine consists in the rapid suppression of the paroxysm. This does not serve as a real cure. This is very well described by Hahnemann in his introduction to China in his *Materia Medica Pura*.

• "If homeopathic law is right as it is incontestibly right without any exception and it is derived from a pure observa-

tion of Nature that medicines can easily, rapidly and permanently cure cases of disease only when the latter are made up of symptoms similar to the medicinal symptoms observed from the administration of former to healthy persons, then we find, on a consideration of the symptoms of China that this medicine is adapted for but few diseases but that where it is accurately indicated owing to the immense power of its action, one single very small dose will often effect a marvellous cure.

"I say cure and by this I mean a recovery undisturbed by after suffering. Will the ordinary practitioners call cure the suppression by their drug of agues for which bark is unsuited. I know well full that almost all periodic diseases and almost all agues, even such as are not suited for China must be suppressed and lose their periodic character by this powerful drug administered as it usually is in enormous and often repeated doses ; but are the poor sufferers thereby really cured ? Has not their previous disease only undergone a transformation into another and worse disease, though it may no longer manifest itself in intermittent attacks recurring repeatedly ; but has become a continued and, we may say, a more insidious disease by their very powerful and in this case unsuitable medicine ? True, they can no longer complain that the paroxysm of their original disease reappears on certain days and at certain hours ; but note the earthy complexion of their puffy faces, the dullness of their eyes, see how oppressed is their breathing, how hard and distended is their epigastrium, how tensely swollen their loins, how miserable their appetite, how perverted their taste, how oppressed and painful their stomach by all food, how undigested and abnormal their fecal evacuations, how anxious dreamful and unrefreshing their sleep ! Look how weary, how joyless, how dejected, how irritably sensitive and stupid

they are as they drag themselves about ; tormented by a much greater number of ailments than afflicted them in their ague ! And how long does not such a china cachexia often last, in comparison with which death itself was often preferable ? Is this health ? It is not ague, I readily admit ; but confess and no one can deny it—it is certainly not health. It is rather another but a worse disease than ague, otherwise it could not overcome and suppress (suspend) the latter."

Quinine, I say, is a good remedy in its case. When well indicated, like other remedies, it cures cases of intermittent fever promptly and easily. Hahnemann has the following symptoms of intermittent fever in which cinchona is used.

Rigor or shuddering over the whole body, without thirst, the forehead is hot and limbs are cold ; during the heat no thirst, only dry lips ; dry heat all the day long ; very great thirst for an hour, and thereafter a burning heat all over the body ; unquenchable thirst during the chill and heat of an ague ; debilitating sweat at the end of the febrile heat ; general profuse sweat.

These are the guiding symptoms. Relying strictly on these symptoms we can effect a rapid, safe and permanent cure.

Among other important remedies for intermittent fever Nux vom. holds a very high and successful position. In chronic and obstinate cases Nux clears the way for a perfect recovery. Generally anticipating morning fever with hard chill, blue nails, heat with thirst ; sweat not very profuse, Gastric disturbance of any kind and enlargement of liver and spleen are frequent indications of this remedy. I am in the habit of giving this remedy first in all cases coming from the allopathic hands. Pernicious intermittent finds a saviour in nux vomica. Very high potencies are preferable.

Our next great antipyretic is Arsenic. It has been used by the allopaths and Kobirajes from a long time. Its sphere of action is very extensive. Like quinine it is also abused by the old school physicians. Fever at all times, irregularity in appearance and succession of the paroxysms, one or the other stage being absent, chill generally absent, hot stage very well marked, intense burning of the whole body, thirst during heat, small quantities at a time but drinking often, great restlessness and profound prostration. Liver and spleen are painful and enlarged, edema of extremities, profound anemia even cancrum oris may be present. Pernicious malaria is often combated by this drug. Arsenic like Nux. vom. is an antidote to overdrugging.

Next in order comes Natrum. mur. as a grand remedy for malarious intermittent fever.

It may appear strange to an allopath how such an inert substance as common salt can be a remedy for fever. It is not curious in the least to a homeopath who knows Hahnemann's process of developing medicinal properties in an inert substance. Fever generally at noon from 9 to 11 A. M. hard chill, great thirst for large quantities of water in all stages, headache intense during heat, profuse sweat and complete apyrexia, only langor and debility left behind during apyrexia. Enlargement and induration of spleen, perfect anemia and constipation must be present. I have myself cured many bad cases of fever with high potencies of this remedy alone.

Ipecacuanha is also an important remedy in bad cases of malarious fever. Gastric disturbances, constant nausea and vomiting and thin alvine evacuations must be present. I have Jahr's recommendation of commencing the treatment of Intermittent fever with Ipecac. as a rule. It is very true indeed in most cases. It is a very valuable hint.

In bilious cases, with bone pains, chill followed by

vomiting of bile, thirst during all stages especially at the prodrome, heat and high sweat Eupatorium perforatum is indicated. Very recent cases of malarious fever with above indications find a speedy and sure remedy in Eupator. In many epidemics I have observed this remedy to be the Genus Epidemicus.

As all the remedies in our voluminous materia medica are more or less useful in fever cases, so it is difficult to detail their symptomatology in a paper like this.

Arnica, Arania, Belladon. Gelsem, Bryonia, Rhus, Silicea, Calc carb, Calc ars, Ammon mur, Apis, Sulphur, Cedron, Ignatia and some others are most important in the treatment of malarious fever.

When cases have been maltreated and prolonged a state of phthisis commences. In these cases, silicea calc c., ferrum met. and phosph. and tuberculinum hold high places. Silicea and Calcareia are preeminently remedies for hectic.

In very bad cases of anemia following hard, indurated and enlarged spleen I make use of ferrum. ars. with splendid results.

As regards dose I have very little to say again. It is now generally accepted among the experienced and thoughtful homeopathic physicians of all countries of the world that higher potencies with infrequent repetitions are best suited for intermittent fever. That some peculiar medicines are given in low potencies and with benefit there is not a doubt, while deep acting remedies are best in their highest potencies. Medicines must not be repeated too often. They must be repeated at the end of the paroxysm and during apyrexia; one drug during fever and another drug during apyrexia are not countenanced by proper homeopathy. Study cases diligently and pursue the advice of Hahnemann completely and a crown of success will be the result.

Homeopathic notes from 'Alopathic literature.

Thuja occidentalis is a valuable antiseptic application in all varieties of cancer where there is sloughing.

Do not physic in pneumonia. Cathartics are deleterious in pneumonia. Constipation is a decided advantage ; diarrhea, spontaneous or induced by physic, is disastrous.

Heat relieves the pain of inflammation but increases that of suppuration, although that may not prove it to be harmful.—*Chicago Med. Times*.

Women often consult the doctor for burning in the urethra, dysuria and vesical tenesmus. So great is the distress at times that small quantities of blood are extruded at the end of each micturition. This condition is non-specific.

Gelsemium is recommended in infantile convulsions.

Nux vomica is said to be specific in atonic dyspepsia.

Lycopodium is indicated when there is extreme sensitiveness in the skin, sensitiveness of a part, with care to prevent pressure, extreme sensitiveness of the organs of special sense, with pale, livid complexion and dirty skin ; also in painful swelling nodes or boils of slow development.

Colchicum in minute doses will be found a prompt remedy in persistent vomiting. Usually that caused by disorder of the stomach or bowels, especially that of cholera infantum.

Hiccough in infants can be cured by fastening a bandage tight around the stomach, restraining the diaphragm.

Bryonia is of special value in the coughs of pneumonia and bronchitis.

Notes.

Natrum Mur. cured after Quinine failed :

Mr. L. ; chills and fever for three months. Had quinine and other remedies. Paroxysms every other day at 11 A. M., with severe pain in limbs and small of back ; chill lasted nearly two hours, with no thirst during chill. Fever all the afternoon, with bursting

headache and intense thirst for large quantities of cold water. Little or no perspiration ; eats and sleeps well, and next day resumed his occupation. Natrum Mur. 3x, every four hours. Next chill light and no return. (H. C. Allen, M. D.)

Calcareo Phos. in Anemia of School Girls :

Young lady, æt. 17, became anemic and chlorotic, after long continuance at school, becoming so debilitated that she could attend no longer ; had no appetite and desired only to lie about the house, having no ambition to go anywhere or do anything. Her study made her headache, and she had to give it up entirely ; her menses were irregular ; absent for months, then a flow varying in quantity. I gave her Calcareo Phos., 3x, as principal remedy, giving also, at times, Ferrum Phos. as well. After a few months she became well enough to resume her studies, and could walk anywhere she desired to go, and her color improved. (C. T. M.)

Other Remedies had only failed :

A young man 23 years of age consulted me regarding a "crop" of boils. They were situated on the back and buttocks, some were small, tense, greatly inflamed and very painful ; others, which had further progressed, were on the point of breaking ; had consulted a number of physicians, having had them periodically for some eight months, with little or no relief. Poultices and internal treatment caused them to be cured apparently, only to have them reappear in greater severity. His sleep was somewhat disturbed and he had an almost constant thirst, with chilly feelings. I prescribed *Silicea*, 6x. a dose night and morning. In two weeks the eruption had nearly completely disappeared, the abnormal thirst had left him, slept well and the chilly feeling gone. Continued treatment two weeks longer. He reported to me a few months later that he had no return of the boils, and was perfectly well in every respect. This is but another brilliant demonstration of the value of the tissue remedies. (J. B. Davis, M. D.)

Kali Sulph. restored the Senses of Taste and Smell :

Case of thick, yellow, offensive catarrh, with watery discharge ; has been affected with it for eighteen months ; has lost taste

smell ; left nostril worse. Catamenia occurs every three weeks. Takes cold very easily ; still-born child three years ago. Gave three doses of Kali Sulph., 3x, in water, to be taken once a week. In one month reported catarrh entirely well : has regained much of lost senses of taste and smell. (W. P. Wessethoeft, M. D.)

A Few Doses Removed the Croup :

W. B., a boy aged 7, took false croup whenever there was a sharp, keen northeast wind, having had a few years before a severe attack of true croup. The nights especially were very restless, with much coughing, rough and hard, alarming his parents very much. Dry heat and great oppression were present. I gave him a dose of Kali Mur., 3x, every hour. After a few doses the cough became loose, lost the barking sound, and that night he slept quietly, and next morning was quite well and about in a lively manner. But seven or eight doses were taken in all, and after four months there has been no return of the trouble (S. J. Holmes, M. D.)

Natrum Sulph. in Chronic Diarrhoea, Morning Aggravation :

Dr. T. F. Allen cured a case of chronic diarrhoea in an old lady, with morning aggravation on beginning to move, with Natrum Sulph., 3x. He also adds : "It has served me well in the treatment of chronic diarrhoea of long standing, characterized by profuse gushing stools early in the morning ; the character of stools found in a greater or less extent under all natrum salts. It seems as well to suit catarrhs generally of mucus membranes characterized by a tendency to profuse secretion of mucus."

Natrum Phos. in Chronic Dyspepsia:

A young man with chronic dyspepsia. After trying several remedies without effect ; I discovered in the mouth a thin, yellow creamy coating on the soft palate. This induced me to give the patient Natrum Phos. 3x, which cured him in a short space of time (C. Hg.).

Ferrum Phos. in Incontinence of Urine :

Lady, æt. 35 had had trouble for three years, and could assign no cause thereto, was able to retain the urine at night, but not in the day time, when she passed large quantities of water involuntarily.

General health good. Ferrum Phos., 3x, four times a day. A week later she reported that she could now retain her urine much better during the day. The medicine was continued for three weeks longer, when she informed me that the power over the bladder was now complete, and that she was better than she had been for two years. Nine months afterwards the patient came to me again with a return of the same malady, and although she was then *enciente*, Ferrum Phos. again completely stopped the incontinence. (Wilde.)

Ferrum Phos. in Felons :

A dressmaker in her busiest season, got a felon on the index finger of her right hand. I gave her Ferrum Phos, 3x, in water every two hours, which gave prompt relief and as she supposed, cured her. She made too much use of her hand and the felon returned with increased pain and swelling. I then discontinued the Ferrum Phos. 3x and gave her Silica 3x, and in a short time the finger was perfectly well, with no recurrence (C. Aught, M. D.)

Natrum Sulph. in Periodic Sick Headaches :

Young lady æt. 16, suffered for years from periodical attacks of sick headache, characterized by boring pain in right temple, preceded by burning in stomach, bitter taste, languor. Pain comes on at night or in morning, followed by vomiting of bile, with subsequent relief. Natrum Sulph. 3x, daily doses, cured permanently. (Dr. Chapman.)

The Best of all Treatments for La Grippe :

During the epidemic of la grippe last winter, I was in a position to verify the biochemic remedies in its treatment. I frankly believe that la grippe can now be treated as readily as can any simple case of catarrh. I have found Ferrum Phos. at the beginning, followed later by Natrum Sulph. will serve in the greater majority of cases. Natrum Sulph. is the remedy for the many distressing after effects, resulting from mismanagement of this disease (Chas. S. Vaught, M. D.)

Jaundice Cured by Kali Mur :

Last summer my daughter returned from a visit to New Jersey

with an immense wart on her hand. In a few days she was taken quite ill, with fever, which I took to be of a bilious nature, and gave her *Natrum Sulph.*, 3x. She became deeply jaundiced and grew worse, I then changed to *Kali Mur.*, 3x, when she began to improve immediately and was well in a few days. After she had taken a few doses of the *Kali Mur.* the jaundice began to abate and the wart fell off. (E. H. Holbrook, M. D.)

Magnesia Phos in Dysmenorrhoea :

Miss S., æt. 22; brunette; short, plump, round body; large, active brain; intellectual; was since puberty troubled every month with dysmenorrhoea, beginning several hours previous, and during the first day of flow, with severe pains in the uterus, back and lower limbs, and these so severe that they seemed unbearable and hysteria seemed threatening. I immediately gave her a dose of *Magnesia Phos.*, 3x. In less than half an hour the pain lessened; I repeated the dose; in a few moments the patient was easy, the flow began, and went on the usual time. Next month I advised the patient to begin the day before period, and take three doses, and on the day period was to come on take a dose every two hours. No pains this month. This process was repeated the third month; no more trouble; patient is now well, no return of pain for over three years. (Da. H. Shuman.)

Ferrum Phos. for Menorrhagia.

E. S. Bailey, M. D., reports a case of menorrhagia cured by *Ferrum Phos.*, 3x. The case presented a history of profuse menstruation; the flow was depleting; on pain or local tenderness—in fact, on tangible symptoms, the condition of anemia representing the cause in this case.

Silicea in Metrorrhagia :

Metrorrhagia of six weeks' standing, in the case of a fat and robust woman of brown complexion. This person, who was a washer-woman at Grenille, and whom I saw only three or four times at my office, attributed her sickness to her constantly standing in cold water. *Silicea*, 3x, arrested the hemorrhage almost immediately and affected such an improvement in one week that I scarcely

knew her again the second week. She did not take any other medicine. (A Teste.)

THE RELATION OF THE ALIENIST AND NEUROLOGIST TO HOMEOPATHY.

By J. Richey Horner, A. M., M., D., Cleveland, Ohio.

The age is the age of the material. While we believe that the symptoms accredited to a drug are those which point to indications for its use as a curative agent, the average investigator, be he a New school embryo or an Old school professor, will ask for proof beyond mere clinical results. Hence is it that a paper dealing with the relation of the alienist and the neurologist to the use of homeopathic remedies in the cure of disease must be brief. We cannot consider functional disorders because the pathological library does not show any pathological changes.

We cannot claim absolutely that the drug produces effects unless we can show in the nerve structure the results of these effects. That perhaps, is a radical stand to take but it is the only stand that we can take if we wish to convince the investigators of the old school that homeopathic medication means something more than faith and *vis naturae*. What matters it if you can tell them that the patient had a disease diagnosed as melancholia or neurasthenia or acute mania or anything purely functional and was cured by the homeopathically indicated remedy? They will say, "Yes, but so many of these cases get well without medication." But, if you can prove that a certain remedy causes actual degeneration of nerve structure and that upon the exhibition of that remedy in a case where the symptoms showed the presence of this degeneration of nerve structure and that upon the exhibition of that remedy in a case where the symptoms showed presence of this degeneration as a causative factor, the condition was cured, you have something that admits of no controversy.

Nor will a dissertation of glittering generalities have any more effect. As A. P. Williamson said in 1900 upon the floor of this Institution, in discussion of a very excellent paper by our great

Talcot, "This is the age of detail. The age of generalization is passed." When you talk to an old school doctor of the efficiency of the homeopathic remedy, he will demand such facts and such facts only as can be demonstrated under the microscope or in the test tube.

It is not enough for him that you present clinical facts. These to him are minor elements. He has to start with very little confidence in the efficacy of remedies in the cure of disease. Most diseases in his belief are either self-limited or incurable. He will meet your clinical evidence as I have before said with the statement that the disease would have had the same result with or without a remedy directed towards its cure.

And yet you and I know that there is no class of diseases in which the efficacy of the homeopathic remedy is more clearly shown than in mental diseases and probably no one better than Hahnemann himself was better qualified to make such an assertion for he was an alienist of the first rank. About the year 1791 he established at Georgenthal near Gotha an asylum for the care of the insane where almost the first hospital treatment of the insane was instituted. In his *Chronic Diseases*, Volume 1 (big), he speaks of Aurum, saying, he "cured by means of gold several cases of melancholy in persons who earnestly thought of killing themselves. They took in all about the three hundredth or nine hundredth part of a grain of gold." In the *Organon* he notes the action of Aconite in cases of acute insanity of a febrile or inflammatory form. He speaks also of the action of Hyoscyamus in cases which are characterized by jealousy and its consequent violences.

In sections 22 and 23 of the *Organon*, he says, "The creator of medicinal agents has also been singularly attentive to this principal element of all diseases- the changes in the state of mind and disposition; for there is not a single operative medicine that does not effect a notable change in the temperament and manner of thinking of a healthy individual to whom it is administered, and each medicinal substance produces a different modification."

(To be continued.)

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MISGUIDED SELECTION OF HOMEOPATHIC REMEDIES.

A careful study of the Organon the master work of Samuel Hahnemann, cannot fail to convince the truth of his assertion that the totality of symptoms is the only guide to the selection of homeopathic remedies for the cure of sick people.

This is often lost sight of, by many of our homeopathic practitioners in this country. They have been often seen to prescribe medicines in an arbitrary manner, without taking much care and giving fair attention to all the symptoms in a given case.

Some among us rely mostly on the pathological state of the patient, taking little care about the minute symptoms of the case. They should understand that pathology only serves to diagnose the case, and prognosticate the probable issue of the disease but for proper treatment, for proper selection of the appropriate remedy it has no place.

In paras 17 and 18 of the Organon it is clearly laid down, Para 17 runs thus :—

Now, as in the cure effected by the removal of the whole

of the perceptible signs and symptoms of the disease the internal alteration of the vital force to which the disease is due—consequently the whole of the disease—is at the same time removed, it follows that the physician has only to remove the whole of the symptoms in order; at the sametime, to abrogate and annihilate the internal changes, that is to say the morbid derangement of the vital force, consequently the totality of the disease, the disease itself. But when the disease is annihilated the health is restored, and this is the highest, sole aim of the physician who knows the true object of his mission. which consists not in learned-sounding prating but in giving aid to the sick.

Again in Para 18. From this indubitable truth, that besides the totality of the symptoms nothing can by any means be discovered in diseases wherewith they could press their need of aid, it follows undeniably that the sum of all the symptoms in each individual case of disease must be the sole indication, the sole guide to direct us in the choice of a remedy.

Thus we see, before selecting a remedy for a given case, particular attention should be paid to symptom total of that case and not merely one or two symptoms only.

There is another class of physician who, calling themselves true Hahnemannians, mistake in another direction. They base their prescription upon some theory of their own. They think that one phase of their patient's symptoms has the proper bearing on selection of true homeopathic remedy for the case. Certain symptom, they consider all sufficient for the selection of the remedy. In this way by attending some symptoms of the patient and after asking a few questions they jump to the conclusion of the selection.

There are characteristic symptoms which are often the guiding symptoms of any given case. Many a time these symptoms alone decide the selection at once. But here also we

shall devote our energy in finding out the totality. These indicate the value of the symptoms and are not the only guide for selection.

• Theoretical considerations of poisons in the system are taken as a true guide to the selection. But here again we must be guided by the symptoms. As for instance in psora, sycosis and syphilis there are symptom totals which guide us in the selection of the remedy. It is for this reason that there are numbers of psoric, sycotic and syphilitic remedies. In selecting the right psoric remedy for a given patient totality of the symptoms of that remedy should be considered essential. In some cases Sulphur, in others Calcarca ; in some Nitric Acid, in others Thuja should be indicated according to the greater number of symptoms.

We have observed with keen sense of responsibility that for the life of the patient we must search earth and heaven to select the right remedy. Here all the signs and symptoms of the patient should be taken into consideration.

Here is a case of an elderly lady suffering from an enlargement of a mamary gland (right side). She belongs to a family where homeopathy is the prevailing method of treatment. Some reputed physicians of this city undertook the treatment of this lady. For sometime they had been treating her without result. The following symptoms were found. The tumor about the size of a hen's egg of recent origin in the right breast. It is moveable and painful on pressure and rather hard. There is slight fever in the evening with restlessness. Pain and swelling worse by bathing and in rainy days and also in the change of the moon. Pain was ameliorated by warmth.

We were told that she used to get some antisycotic remedies with an idea that she had a touch of sycosis. By questioning her carefully nothing definite was elicited. Rhus tox. was

advised and information was had that she got relieved by a few doses of it and ultimate cure was effected.

A case came to our knowledge where by the totality of the symptoms Arsenic was the indicated remedy but one of our colleagues was giving Hepar sulph. because the patient was a chilly patient. Arsenic by the totality of the symptoms in the case performed an ultimate cure.

It is a malarious case so quinine is the medicine ; it is a syphilitic patient so Mercury must be the remedy ; it is a sycotic case so Thuja is the right medicine. Such generalization and theory are but known to our old school brethren. They have no place in Hahnemann's teachings.

Some of our colleagues have no hesitation in saying that it is our favourite medicine. They generally give that medicine in almost all cases they come across. Thus they make some of the remedies of our materia medica, as panacea for all cases. Their audacity is simply unpardonable.

If you want to cure your cases safely, permanently and within a short time, try to find out the totality of the symptoms of that patient on the one hand and the corresponding totality of the symptoms in our Materia Medica on the other.

AZADIRECTA IN FEVER.

Babu Nani Lal Ghose aet 32, pale and anemic-looking came under my care from a malarious district suffering from fever and off on. He had gonorrhœa before which was suppressed by Allopathic medicines.

The present attack of fever dated about four months ago, in this time as usual took quinine and other stuffs without relief. Fever went on daily, the temperature ranging between 100 and 102 F.

Finding no relief from allopathic medicines, he took some kobiraji medicines which produced violent hiccup and vomiting. It was stopped by homeopathic remedies.

- Used to get fever every evening with no chill, burning of hands, feet and eyes. Very slight perspiration. No thirst during fever. Burning urine and difficult in retaining it especially during fever.

- Eyes jaundiced. Face pale and anemic looking. Heat in the top of the head. Constant erucation. Bowels obstinately constipated, hard balls passed with difficulty. Pulsat. 30 morning and evening. No effect in four days.

Azadirecta 30 one dose every morning during the decline of fever.

The effect was marvelous, the fever abated quickly and burning sensation altogether stopped.

Placebo powders morning and evening. In a months time the patient not only got his fever checked but his health improved.

SELENIUM CURE.

Babu Suresh Chandra Roy aet 21 of robust constitution. Father died of pulmonary consumption, after suffering long from diabetes. Mother healthy. About two years ago this young gentleman suffered off and on from malarious fever complicated with weakening diarrhœa. These were apparently cured.

After a few days he complained of acid dyspepsia and went to Baidyanath for a change. There dyspepsia increased, could not take his food properly and thus became weak and emaciated. There was in addition palpitation and weakness.

Four years ago he suffered for a length of time from seminal emission which prostaticed him much. This emission had increased now.

Present symptoms were much flatulence, stools yellow and watery, gushing, aggravation in the morning and considerable straining at stools, much wind passed during stools, colicky pain during stools.

Seminal emission almost every night caused much weakness, heaviness in abdomen, acidity, heart burn.

Heat at the top of the head. Not much appetite.

Natrum sulph 30 one dose every morning. This did him a good deal of good. Diarrhoea almost ceased. Flatulence much reduced. Appetite improved.

Complained of burning sensation all over, more at the top of the head. Sulphur 200 one dose. Improvement was well marked. He gained strength and was cheerful. He was very much despondent before.

After a week his nocturnal emission increased to an alarming extent. Headache and heat at the top of the head increased again. Complained of pain in the chest and some dry, short cough.

Selenium 30 morning and evening, Amelioration marked. Placebo morning and evening.

Continued improvement one or two doses of Selenium 200 were given at an interval of a month and this completed the cure.

The patient came under my treatment in 31st July 1903 and I had occasion to see him last year a hale and hearty youngman.

I enjoined him to take good care of his health as he is likely to suffer from serious illness as his father died considerably young from diabetes and consumption.

I used to give him liberal food as soon as his dyspeptic symptoms disappeared. This is a good advice to our youngmen.

REMEDIES AND THEIR CHARACTERISTICS.

.Abrotanum. .

Cholera infantum, lenteric diarrhoea, diarrhoea alternating with constipation. This remedy is generally called for in emaciated rachitic children suffering from marasmus. The child is at times so weak that he is unable to hold his head up. Ravenous hunger is another symptom (Sulphur, Natrum Mur.)

Acetic Acid.

This is a remedy that has seldom been used in true cholera, still it has some very marked abdominal symptoms. An exhausting diarrhoea where the stools are painful, liquid and undigested.

It is generally worse in the morning and very exhausting. Intense thirst is the most characteristic symptom of Acetic Acid. But large quantity of water does not seem to disagree. The abdomen is generally very much swollen and there is marked debility. Sour belching and vomiting of pregnancy, burning, water brash and profuse salivation day and night (Allen.) Sensation of sinking in abdomen causing dyspnoea. Better by rest or lying on belly.

Aconite.

Aconite is one of our best remedies in this disease and has been instrumental in saving many a precious life. It is generally useful in the first or in the last stage of the disease. If the disease is of an inflammatory type and there is marked rise of temperature along with the purging and vomiting there is no remedy that can equal it. While again when the patient is suffering from death agony Aconite will become an invaluable aid. Hughes very truly observes . that Aconite is a remedy that reveals that the condition

set up is one answering to the chill of fever and ague and the collapse of cholera

The stools of Aconite are watery, green like chopped spinach, bloody, slimy, mucous, frequent and at times involuntary. The disease generally turns worse from getting wet or from exposure to cold winds, at night and from eating fruits. Before stool there is cutting pain, nausea, sweat and anguish. During stool cutting pains, tenesmus, sweat.

After stool relief (Bell.) The principle symptoms of Aconite are anxiety, fear of death, restlessness, unquenchable thirst. There is general dry heat, and a full hard and very quick and bounding pulse.

Hahnemann says—"Whenever Aconite is chosen Homeopathically you must above all observe the moral symptoms and be careful that it closely resembles them; the anguish of mind and body, the restlessness, the disquiet not to be allayed. In cholera there is Hippocratic countenance, face bluish, lips black, expression of terror and imbecility, cold limbs with blue nails and finally collapse.

Aconite will cut short even cholera without any other remedy.

Æthusa.

This remedy is called for generally in cholera infantum. It has some very peculiar characteristics that must be observed carefully.

Intolerance of milk, the child cannot bear milk in any shape or form and it is generally vomited in large curds.

Great weakness, prostration with sleepiness. There is generally an expression of great anxiety and pain with a drawn condition and well marked linea nasalia. (Allen.)

Violent sudden vomiting of frothy matter, sometimes greenish vomiting.

Symptoms of acute hydrocephalus, spasms with clenched

thumbs, red face and the eyes turned downwards. After the vomiting or the stool there is great weakness with sleepiness. The pulse is generally small, hard and quick.

• The surface of the body is cold and covered with clammy sweat. Spasmodic hiccough. Painful contraction in stomach.

We have derived decidedly good results from the administration of this remedy and we think that Dr. Guernsey very truly observed that it is one of the most important remedies in the *Materia medica* and is not so well known as it should be. We particularly draw the attention of the reader to its usefulness in convulsion of children during an attack of cholera infantum, for hydrocephalus is a very common complication and it is right here that *Æthusa* will frequently help us out.

Agaricus.

Agaricus is a remedy that has been little used in true cholera. But there is one aspect of the disease where we may need to use this remedy and that is in the condition generally known as cold delirium. If delirium sets in before reaction has begun, i.e. while the patient is yet in the collapse condition, where extremities are cold and pinched and the respiration is hurried, if the patient begins to talk incoherently then we may need to use *Agaricus*. It has been said to be useful in diarrhoea and it resembles *Natrum sulph.* in this condition. The stools are generally thin, yellow, fecal and slimy. Sometimes watery or grassy green, fetid, with sudden violent urging to stool. Crampy colic with emission of much flatus.

Emaciations appear all over the body along with the diarrhoea and disappear as soon as the diarrhoea begins to subside.

Aloes.

This is a remedy that has been seldom called for in true

cholera but its symptoms in this sphere are very well marked and as such we must incorporate them here. Dr. Dunham observes :—"The diarrhœa of Aloes occurs especially in the morning say from 2 to 10 A. M.

The desire for stool is sudden and extremely urgent being felt in the hypogastrium and in the rectum and being so urgent that the patient can scarcely retain the fœces long enough to effect the necessary stratagic change of base during this brief interval ; he fears to evacuate wind by the anus, or to make any physical exertion or even to strain to pass water lest he should have an involuntary evacuation of the bowels."

It is a deep acting antipsoric of great value in diarrhœa, particularly in the chronic form. In children when Aloes is indicated the appetite is generally found to be very good. It has many symptoms like sulphur.

The stools are generally yellow, fœcal, bloody, transparent, jelly like mucous, undigested, involuntary (when expelling flatus or urine, when walking, standing or after eating—Bell.)

Sometimes yellow, watery and offensive. The Aloes diarrhoea is generally worse in the hot and damp weather. There is relief by bending double and by passing flatus.

The abdominal pains are generally relieved after stool. There is marked prostration, fainting and profuse clammy sweat. Loud gurgling in the abdomen as water running out of a bottle.

Ammonium Carbonicum.

There is one symptom in this remedy that may call for its use in the disease.

Cholera-like symptoms at the commencement of menstruation. (Bovista, Veratrum).

Ammonium Muriaticum.

It is especially adapted to people who are generally fatty and sluggish.

• During menses diarrhœa and vomiting, bloody discharge from the bowels (Phosphorus). Many of the symptoms resemble those of Aloes. Green mucous stool may render it useful in diarrhoea. The stool generally green, thin and mucous. Sometimes it is copious and watery. Before the stool there is generally pain about the navel.

Amyl Nitrate.

This remedy which is truly a heart sedative has properly speaking no use here. But in the later stages of cholera when the dyspepsia is great, prompt relief from this distressing symptom may at times be obtained by the administration of this drug.

Antimonium Crudum.

Like Nux Vom. this remedy will at times be of great service in cholera. It is a very useful medicine in all gastric disorders. Its one leading key note is a thick dirty white coating on the tongue, its vomiting is also peculiar. The vomiting differs from that of Aconite, Arsenic, Veratrum and other remedies by the absence of severe thirst and the white-coated tongue.

Gastric complaints from over eating, stomach weak, digestion easily disturbed, patient is very subject to canker sores in the mouth, longing for acids and pickles. Gastric affection from bread or pastry.

Aggravation after cold bathing, over heating and in hot weather. We will particularly draw the attention of the reader to the above symptoms for it portrays the picture of a condition that so frequently obtains in this country. It frequently happens that people have a good bath and a good cooling drink after it even when they have had several loose

motions already. The general impression is that the system is over-heated and this will have a refreshing effect but most often the very contrary is the result. I have been told by some of our most eminent colligues that chilling the system in this way is a most dreadful thing to do and these cases most often prove fatal. The administration of remedies like Aconite or Ant. Crud. at the very beginning may have very salutary effect. Later Rhustox. may be of use.

Violent vomiting, bitter, of bile, of slimy mucus, renewed on taking food or drinking, greenish vomiting soon after nursing, vomiting of sour curds, vomiting continues after nausea ceases, frequent eructations, hiccough. The stools are generally profuse, undigested, excoriating, mucous, yellowish and offensive.

Antimonium Tart.

As we have already observed Ant. Tart. is a very valuable remedy in cholera both at the very initial and the last stages of the disease. It has many symptoms in common with Veratrum Album and we have already dealt with this question. Bell very truly observes that Veratrum Album has been given many times where the choice should have fallen on this remedy. Ant. Tart. however has more drowsiness and twitching of the muscles than Veratrum. Through the pneumo-gastric nerve Ant. Tart. depresses the respiration and circulation thus producing the key note of the remedy viz : when the patient coughs there appears to be a large collection of mucus in the bronchi ; it seems as if much would be expectorated but nothing comes up (Allen).

Face cold, blue, pale, covered with cold sweat (Tabacum). Vomiting ; in any position except lying on right side ; until he faints followed by drowsiness and prostration ; of cholera morbus with diarrhoea and cold sweat, a dose after each attack (Veratrum).

Asphyxia, mechanical, as apparent death from drowning, from mucus in bronchi, from impending paralysis of lungs with drowsiness and coma.

Great sleepiness or irresistible inclination to sleep (Nux Vom. Opium.) It relieves the "death-rattle".

The stools are light brownish, yellow, fecal, watery, bloody, frequent and profuse.

Before stool sharp cutting colic, nausea.

There is generally great thirst for cold drinks. Continuous anxious nausea, straining to vomit with perspiration on the forehead. Vomiting with great effort, vomiting accompanied by trembling and fainting and followed by great languor, drowsiness, loathing and desire for cooling things. Face pale, sunken with dim sweating eyes.

Violent and painful urging to urinate with scanty or bloody discharge.

Apis Mel.

This is a remedy that will seldom be called for during the choleraic evacuations but it may be of great help for the complications, sequelae and the febrile exacerbation that so frequently follow this disease. In cholera infantum and in diarrhoea of children it is an invaluable remedy because it frequently checks the case from getting into the hydrocephaloid condition.

Sudden shrill, piercing screams (Helleborus) extreme sensitiveness to touch (Bell., Lachesis) thirstlessness, stupor. Frequent, painful, scanty and bloody urine, urine passes with great difficulty. Great irritability of the parts.

Diarrhoea, of drunkards, involuntary, from every motion as though anus were wide open (Phosphorus). Febrile heat at 3 P. M. with thirst.

Arsenicum and Pulsatilla follow Apis well.

The stools are greenish, yellow, mucous, watery, clear

(colourless), bloody, mucous mixed with fecal matter, painless, offensive, constant oozing from the anus of which the patient is unconscious.

Accompaniments ; head hot especially the back of the head. Boring the head back into the pillow. Bruised sore feeling of abdominal walls. *

* Hands blue and cold. Cold forearms. Increasing prostration. Indescribable feeling of weakness. Anasarca, ascitis.

Argentum Nitricum.

While we have rarely had occasion to use *Argentum nitricum* during the violence of the disease still it has unmistakable signs and symptoms of the malady. This remedy however has been of great use in the tympanic distention and the emaciation of withered dried up old looking patients particularly in cholera infantum.

"Sudden and severe attacks of cholera infantum in children who are very fond of sugar and who have eaten too much of it will find their remedy in *Argentum nitricum*." (Bell).

Argentum nitricum is one of our best remedies in ulceration of the cornea that frequently follows an attack of cholera .

Only lately I had occasion to use this drug in this disease with excellent results. But I must state here that the recovery in these conditions is generally very slow and we must patiently persevere with the treatment.

Apprehension when ready for church or opera, diarrhœa sets in (Gell).

Acute granular conjunctivitis, scarlet red, like raw beef, discharge profuse muco-purulent, ulceration of the cornea. Desire for sweets. Craves sugar. Belching accompanies more gastric ailments.

Diarrhœa : green mucous like chopped spinach in flakes ; turning green on remaining long in diaper ; after drinking ,

masses of muco-lymph in shreddy strips or lumps (*Asarum*) with much noisy flatus (*Aloe*).

Diarrhoea as soon as he drinks (*Ars. Croton Tig. Thrombid*).

Craving for fresh air. Dr. Lippe finds the higher potency perfectly efficacious in these conditions. We generally use the 30th. potency. The 200th. has also been used with success in some cases.

Arnica Montana.

This is a remedy that is sometimes called for in that dreadful complication viz. the Typhoid condition in cholera. It is also very useful in hydrocephalus ; deadly coldness in forearms of children (in diarrhoea, *Brom*).

In Typhoid everything on which the patient lies seems too hard ; keeps moving from place to place trying to find the soft place (the parts rested on feels sore and bruised, *Baptisia*, *Pyrogen*).

Heat of the upper part of the body, coldness of lower parts. The face or head and face alone is hot, the body cool.

In cholera we frequently come across this feature. An unequal distribution of the circulation is a common phenomena. It is generally a very grave condition and remedies like *Arnica* would be of great value in such conditions.

It may also be used in diarrhoea at times. The stools are brown and fermented, bloody, frothy, offensive and involuntary. Aggravation after mechanical injuries.

Pale sunken face, sour, bitter or putrid taste in the mouth. Aversion to food. Constant sensation or sense of repletion in stomach with nausea. Vomiting of what has been drunk. Tympanitic distention of abdomen, offensive flatus. Urine scanty and stains linen yellowish brown. Fætid breath, offensive sweat, drowsiness and stupor.

Arnica causes according to *Jahr* and *Hahnemann* violent

urging to stool with scanty natural feces, as if the muscular coat of the bowel was excited, hence its use in dysentery and diarrhœa. It acts also on the stomach causing contractive pain, flatulent distention and hiccough.

Arsenicum Album.

As we have already noted Arsenic is one of our sheet anchors in the collapse stage of cholera. It has been very truly observed by my father Dr. P. C. Majumdar that the pathogenetic symptoms of cholera so closely resemble those of an Arsenical poison case that one may be very easily mistaken for the other. It has a very vast range of action and we have been so peculiarly successful with this remedy that we have become quite partial to it. We have already noticed many of its symptoms.

Although we cannot quite agree with Dr. Hughes as regards his theory of Asiatic cholera and Malarial fever, yet what he says about Arsenic is so interesting that we quote it here. "I think I shall carry most pathologists with me at the present day in maintaining (as I have long ago done) that Asiatic cholera is essentially a pernicious Malarial fever in which the poison exhausts its influence in a single paroxysm. We have already seen Arsenic causing the primary chill and the consecutive fever of this malady and we shall hereafter find the cramps, the vomiting and purging and the suppression of urine reproduced in its pathogenesis. So complete is the resemblance that Dr. H. C. Wood can truly say that Arsenical poisoning has been mistaken for cholera not only in life but also after death on the post mortem table. He is probably referring in these last words to a case reported by professor Virchow in the forty seventh volume of his Archiv. The very fungi described by Klob and others as peculiar to cholera were present in the rice water fluid with which the intestines were filled ; and the condition of the

mucus membranes was anatomically identical. Moreover, the phenomena sometimes occur in Arsenical poisoning where the patient dies in a few hours in collapse, without symptoms of gastro-enteric irritation. *Sidiration*, as the French call it, has been compared by many observers to the way in which cholera occasionally invades the system. It is true that this is not always so; and that the vomiting and purging of Arsenical poisoning usually depends on gastro-enteritis, which is absent in cholera. Hence the minute symptomatology of the disease does not altogether correspond with that accepted as the characteristic of the drug, though the internal burning of which cholera patient so often complains is a point in its favour. It was probably for this reason that Hahnemann, on first hearing an account of cholera when it invaded Europe in 1830, in naming the drugs most likely from their homeopathicity to be its antidote specified Camphor, Veratrum and Cuprum, but omitted Arsenic. Further knowledge of the disease has shown that the features in which there is true similarity are those of most importance. Arsenic has accordingly been added to the three Hahnemannian medicines by those who care more for real lesions than for symptomatic minutiae. With such it has become the sheet anchor in the most desperate cases. In the epidemic of 1849 Dr. Russel at Edinburgh and Dr. Drysdale at Liverpool concurred in giving to Arsenic the chief place in the treatment of cholera when the time for Camphor had gone by; and I believe this to be the general experience of Homeopaths. I may add that with malarious fevers Boudin classes not only cholera, but also yellow fever and plague as being all *limphæmic* affections and accounts Arsenic the great remedy for them all."

While speaking so emphatically as regards the virtues of Arsenic, I think I must also warn people from making

a wholesale use of the drug in cholera, for when not indicated it will frequently do more harm than good. I verily believe that one of my colleagues here spoke the truth when he said that he killed a patient by 'repeating' Arsenic 200.

Its symptoms are quite clear and characteristic and we should never make mistake on that account.

Great prostration is generally marked everywhere wherever Arsenic is indicated. The vital force sinks very rapidly, so that Arsenic naturally becomes one of our principal remedies in the collapse stage of cholera.

Restlessness, both mental and physical ;—changing places continually, but at times so fearfully weak on account of the prostration that he cannot move, but still the desire is there ; hence the mental restlessness. Anxious fear of death, the patient thinks his disease is incurable and death inevitable.

Burning all over the body. Burning both internal and external.

Thirst ;—great thirst for cold drinks, the patient drinks often but little at a time. The mouth gets dry, but the stomach does not tolerate cold water.

The aggravation of Arsenic is also peculiar. It is generally seen after midnight or midday. Diarrhœa sets in after eating or drinking.

Stools thick, dark green mucous, brown mucous, bloody, dark or black, watery or fluid. Frequent, scanty, corrosive, offensive, smelling like carrion, painless, watery stools, profuse brownish yellow watery stools. After stool there is generally great prostration, the patient feels thoroughly exhausted. Vomiting immediately after eating or drinking. Burning in the stomach and abdomen, abdomen swollen, urine offensive, scanty, retained, suppressed or greenish. Stupor with dry hot skin. Twitching of limbs and tonic spasms of the fingers and toes. Although the patient complains of intense

burning heat internally, the skin is very cold and covered with clammy sweat. The pulse is very rapid and hardly perceptible. The characteristic restlessness and thirst must be carefully observed where Arsenic is indicated. We generally use the 30th. potency. Sometimes 200 and higher potencies give excellent results in single doses.

Annilinum.

In this connection I must mention two other remedies that have characteristics very much like Arsenic.

With Annilinum there is great prostration with extreme restlessness. The pulse is imperceptible, but the body is hot. A true picture of blood poisoning. This remedy may be used with advantage in plague and other malignant diseases also. Dr. P. C. Majumdar recommends this drug, having used it successfully in some cases. Detailed symptomatology may be found in Allen's Materia Medica.

Anthracinum.

When Arsenic or the best selected remedy fails to relieve the burning pain &c., this remedy may be used with great advantage.

Septic fever, rapid loss of strength, sinking pulse, delirium and fainting (Pyrogen)

Bad effects from inhaling foul odors of putrid fevers. or dissecting room ; poisoning by foul breath.

***Arum Triphyllum.**

This remedy has seldom, if ever, been used in cholera proper; but there is one aspect of the disease where it may be invaluable at times. In threatened uremia it is an excellent remedy. It has been used with excellent good results in typhoid scarlatina and we do not see why it should not be used with similar effect in typhoid cholera. These cases are generally marked with apathy and scanty or suppressed urine.

The sore mouth and sore nose are the guiding symptoms in

malignant condition. Its leading characteristic is the constant picking at the nose until it bleeds. The patient picks lips until blood flows down. The patient picks and bores into the red bleeding surfaces, though it is very painful; screams with pain but still keeps up the boring.

Should not be given low or repeated often, as bad effects follow. The higher potencies act more promptly.

Asafœtida.

Asafœtida is a remedy that may prove very useful in cholera infantum. It has been used with advantage in diarrhoea of scrofulous children and hysterical women. The stools are generally very offensive and are particularly worse at night. There is painfulness and oppression of the stomach, the abdomen is distended with flatus, which is very fetid and disagreeable; there is frequent inclination to evacuate the bowels, and the discharge is thin and watery.

The pulse is quickened, the head is affected with flying pains and there is giddiness. Like the pulse the respiration also at times becomes quickened, there is constriction of the chest with dyspnoea. Another marked symptom is globus hystericus. The stools are yellow, dark, brown, watery and profuse. During stool there is discharge of offensive flatus.

We generally use the 30th potency.

Baptisia Tinctoria —

For the typhoid state of cholera we have an excellent remedy in *Baptisia*. Great Prostration with tendency to decomposition of fluids is the characteristic of the remedy. All exhalation and discharge is fetid. (*Pyrogen*, *Psorinum*).

Perfect indifference, stupor, the patient falls asleep in the midst of his answers (when spoken to answer correctly, but delirium returns at once. (*Arnica*).

The tongue is coated white, and there is sordies on the teeth.

Diarrhœa of children especially when very offensive (Carbo veg., Podoph., Psorinum).

In the typhoid state the patient thinks he is scattered all over the bed, as if his body is cut to pieces and so he tosses about to get the pieces together. In whatever position the patient lies, the parts rested upon feels sore and bruised.

Baptisia is a remedy that we have used extensively and with excellent results; only lately we had occasion to use it in a very bad case with very good effect. We generally use the lower potencies in frequently repeated doses.

Baryta Carb —

This is a remedy that is very rarely used in disorders of the alimentary tract. It has however sometimes been used with advantage in the diarrhœa of scrofulous children and hence may be called for in cholera infantum. In such cases the concomitant symptoms generally guide in the selection of the remedy. The higher potencies are generally used.

Belladonna.

We generally use Belladonna in two stages of cholera viz. in the hydrocephaloid condition of cholera infantum and at the beginning of uremia when typhoid symptoms begin to manifest. In both these conditions Belladonna has been a great help to me time and again. In many a case I have been able to avert that fearful complication—uremia—by the timely administration of Belladonna. A single dose has been able to establish the urinary secretion with the consequent disappearance of all brain symptoms. It is much better than the routine practice of giving cantharis for urinary secretion.

In Belladonna the head is generally hot and painful, the face is flushed, the eyes are injected, the pulse is full and bounding, the mouth is dry and the patient is drowsy but cannot go to sleep. Frequently there is a tendency towards convulsion, there is rush of blood to the head and face and

a throbbing sensation in the head and neck or all over the body, the abdomen is sensitive and frequently very much distended.

The skin is shining red and hot.* Delirium. The patient wants to run home, is inclined to be spiteful, wants to bite or strike people, sees all kinds of animals and is frightened. He is sensitive to light, noise and other external impressions. The character of the stool is hot—very characteristic.

Many cures have been made with the repeated doses of the 3X potency. Of late we have had excellent results from a single dose of 200th. Here is a case illustrating the usefulness of the remedy :—

A boy, six years old, had been attacked with cholera two days previous to the day I was called to see him. When I arrived, I found the boy slightly drowsy, his pulse in a flickering condition, his eyes slightly injected, his senses somewhat benumbed, his head hot and the rest of the body cold ; his evacuations were of the rice-water consistency and the abdomen slightly tympanitic. Our friends, the allopaths, say that we are very poor in diagnosis, although it is true that we cure our cases. We admit the shortcoming ; but when we get a case from them, how many of the symptoms are the symptoms of the disease and what portion of it is due to allopathic drugging it is very difficult to make out. And so it was with the present case. However, I gave the poor boy a few globules of *Nux Vom* 200 dry on the tongue and left a few Placebo globules to be administered three hours later.

In the evening I saw him again. His father told me that the boy was slightly better but that he had been delirious during the day, had been sitting up in bed and had been wanting to go home all the time, although he was in his room. His abdomen was still tympanitic, but the evacuations have been more yellow. He had been moved twice during

daytime and his pulse was much improved in volume but was very frequent. He had also a slightly flushed appearance. Belladonna 30, one dose, dry on the tongue. I also left two more doses to be administered in case he got worse at night, otherwise no more medicine. In the morning the boy looked better all round. His eyes were clear, the tympanitis gone, he had slept fairly well during the night. But he had not passed water even then. Placebo one dose.

In the afternoon I got the report that he passed a quantity of urine about 10 A. M. Had not been moved since and had slept more or less all the time. No more medicine was required and the last time I saw the boy was a fortnight ago when I went to see the father who was suffering from renal colic. He is in perfect health now, it is nearly six months.

Bismuth.

Bismuth as we all know is a great remedy for diarrhoea among our friends of the other school, and it does sometimes check loose evacuations as we will presently see from its symptoms.

In our hands Bismuth has been very useful in diarrhoea of children and I think Bell speaks very truly when he says—The value of Bismuth has not been fully appreciated in cholera infantum. The excessive prostration without coldness of the surface will readily distinguish it from other remedies. In thickly coated white tongue and gastric symptoms it resembles Antimonium crudum.

Vomiting of water as soon as it reaches the stomach and purging, offensive stool.

Stools watery (Natrum album.)

Stomach.—Pressure as from a load in one spot; alternating with burning ; pain crampy, spasmodic, with irritation, cardialgia and pyrosis.

Cholera morbus and summer complaints when vomiting predominates, stools foul, papascent, watery, offensive, very prostrating (Ars, Ver.)—Allen.

Borax.—

This remedy has very few symptoms that will lead to its being used in cholera but it may be of use in cholera infantum having some desired characteristics.

Dread of the downward motion is a leading symptom. The child cries out as soon it is taken down from the lap to be laid on the bed.

Constant vomiting with painless diarrhœa, distension of the abdomen after every meal, pinching pain in the abdomen, abdomen flabby and sunken, frequent urination preceded by cries. Urine acrid and fetid. Startling from sleep with anxious screams, throwing the hands about, seizing things, clinging to the mother.

We have used Borax in aphthous sore mouth and in diarrhœa of children where there was marked debility with some of the other characteristics.

Bryonia Album.

Although Bryonia has a few symptoms that would call for its administration in cholera, yet it has been instrumental in saving life in two or three very desperate cases in our hands and as such we are obliged to give it a prominent place here.

In the case of a neighbouring physician where life was despaired of, a single dose of Bryonia 200 became the life-savior and brought about a radical change in the condition of the patient.

The symptom that led to its use was a pain and oppression in the chest that compelled the patient to lie perfectly still and with it there was great difficulty of breathing. There was also great thirst for large quantities of water.

Complaints when warm weather sets in after cold days ; from cold drinks or ice in hot weather, after taking cold or getting hot in summer. From exposure to draught of cold winds (Acon., Hep. Sulph.)

Aggravation from motion is one of the leading characteristics. In delirium the Bryonia patients talk constantly about his business, sometimes there is great nausea and faintness.

Great thirst for large quantities of water at long intervals. Pressure as from a stone at the pit of the stomach, relieved by eructations (Nux, Puls.)

Diarrhoea during hot weather, bilious, acrid with soreness of anus ; stools like dirty water, from cold drinks when over-heated, worse in the morning on moving. We give below a very interesting case that we had occasion to treat some years ago.

"I was called to attend a young woman who was suffering from an attack of cholera. There had been another case in the same house that ended fatally and this patient had nursed the one deceased.

She was in the collapse condition, her pulse was imperceptible ; she was somewhat apathetic, but answered questions that were put to her. The abdomen was slightly tympanitic and the stools were watery and copious, mixed with mucous shreds. She had also great nausea, but vomited little.

Colchicum 30 after every two stools. In the evening about 5 P. M. I saw the patient again and found her in a much worse condition. She had slight difficulty of breathing and she complained of great pains which were particularly worse on motion, so that she had to keep perfectly still. The stool and urine had all stopped, the tympanitis was worse and she was very much distressed. The nausea was

gone, but in its place, she had constant hiccough with dry cough and a tickling in the throat. I directed Bry. 200 to be taken every half an hour and to report again to me in two hours, as I expected the Carbo Veg. condition would soon supervene.

But Bryonia did wonders for this patient, as the next report was that she had gone to sleep and therefore must be more comfortable. At first I had grave doubts and enquired repeatedly whether she had really gone to sleep, or whether it was the eternal sleep. But they emphatically declared that she had gone to sleep and was better. Placebo continued during the night.

The next morning I went to see her early and found her in a much better condition, and thenceforward she made an uneventful recovery. Bryonia is such an unusual remedy in cholera; but after all we treat the patient and not the disease."

(*To be continued.*)

J. N. MAJUMDAR, M. D.

MERCURY AND ITS PREPARATIONS IN DISEASES OF THE EYE.

I. CONJUNCTIVITIS.

When we inquire into the effects of individual mercurial preparations upon the conjunctiva, we find the following under Mercur. Sol. : the patient cannot open the eyes easily, as if the eye-balls were stuck fast ; while standing, sitting and walking, his eyes seem to be forcibly drawn together, as from losing sleep for a long time. *Fire and light blind him exceedingly in the evening.* Burning in the eyes as if after reading too long at night ; one eye is red ; the eyes

are unable to bear fire and daylight; burning in the eyes; burning and tearing in the eyes as if caused by horse-radish; many red vessels become visible in the white of the eye; inflammation of both eyes with burning, smarting pain; worse in the open air; heat in the eyes and lachrymation; lachrymation of the eyes in the morning; much lachrymation of the right eye; the eyes shed tears in the open air; the eye is full of tears; burning pain in the right upper and lower lid; the left lower lid is much swollen, specially near external canthus, with burning pain for five days, with much lachrymation, preceded by much sneezing for three days. In the morning the eyelids stick together; the upper eyelid is turned and red like a hordeolum; constant twitching in the lower lid; much swelling, redness and constriction of the eyelids, which are very sensitive to the touch. *Pressing in the eyes*; pressing in the eyes as if caused by sand; pressure in the eyes on motion, also touching it causes pressing pain; itching in the eye-balls; in the left eye pricking pain for some minutes; pricking (stinging) in the eyes; feeling beneath left upper eyelid, as if a shining object were behind it.

Corrosive sublimate.—Burning of the eyes, especially of the edges of conjunctiva, as in the beginning of taraxis catarrhalis; the glandules of the lids are inflamed; the eyelids are red, protruding and inflamed; the mucous membrane of the lids of both eyes is reddened and much injected; the conjunctiva is reddened; burning and feeling of dryness in the eyes; lachrymation in the open air; itching in the left eye; inflammation of the eyes, which protrude from their sockets; red and shining eyes; conjunctiva inflamed; photophobia when walking in the sun.

Mercur Præcip ruper.—Redness of the eyes; chemosis. In Giselt's proving we find:—Great improvement of an in-

inflammation of glands of the eyelids which had existed for years, and which has since then disappeared entirely.

Mercur. cyanid.—In Bapeless's case the conjunctiva was reddened.

Cinnabaris.—Shooting pains in internal canthus of right eye, with burning and itching; great secretion of tears; (inflammation of the right eye; it itches, aches and pricks in the inner canthus and on lower lid with constant lachrymation when he looks upon anything, with violent running coryza—Hahn.) ; feeling as if a foreign body were in the eye, lasting for three days; feeling as if the eyelids were enlarged or swollen; itching in the lids of both eyes; redness in the canthi, mostly the inner; the right eye is more affected than the left; the cornea seems surrounded with a red ring; all of these symptoms were aggravated on the evening first day; the eyes are watery and dim, with violent stinging pain in inner canthus of left eye, as if something sharp had pierced the lower lid; pain in inner corner of left eye, with redness and swelling, mostly of the lower lid, from time to time feeling of lachrymation in the left eye for three days, always disappearing in a few minutes; lachrymation; a little (transparent) vesicle, painful to the touch, in inner edge of eyelid; itching and stinging in outer and inner corner of the eye for eight days, while sitting at home in the evening, a feeling as if cold air were sweeping over the eyes, very marked, eyes very sensitive to cold air while walking out of door; redness of inner corners of eyes on the fifth day; redness of the whole eye with swelling of the face; weakness of the eyes with redness of the canthi, burning pains; painfulness of the eyes; worse evenings; dull pressing pain in the eyes; feeling of fulness in the head and eyes, with redness.

Mercur. Viv.—Afterunction, we find in *Overbeek's*

experiments upon animals : Once purulent conjunctivitis of both eyes , once purulent conjunctivitis of right eye ; in man (in No. 11) ; eyes are inflamed with much lachrymation and excretion of whitish mucous matter. After exposure to fumes of mercury—burning in the eyelids, and slight redness of the conjunctiva, especially the right in No. 40 ; chronic conjunctivitis, with a fine rose-colored circle of blood-vessels around the edge of cornea and sclerotic in No. 34 ; scrofulous ophthalmia in No. 25.

Dietrich emphasises mercurials in conjunctivitis particularly the pink injection around the edge of cornea and the pressing pain in the eye. Most other authors lay stress upon the great sensitiveness to light.

(a) *Conjunctivitis catarrhalis* : Baehr says : Much better and more certain results (than Bellad. and Euphrasia) are secured by Mercury, whenever the disorder is connected with general catarrh. In this case it acts as favourably upon the ocular mucous membrane as it does in other cases upon the mucous membrane of the nose, and deserves to be called our principal remedy for coryza. Why Hartmann does not mention it is inconceivable. It will be found most effectual in affections of children. In the chronic form Baehr also recommends Mercur. Iod. and Mercur. præcip. ruber.

Jahr recommends Mercury in cutting pains or pressure, as if caused by sands in the eye, especially after exertion of the eyes, and when it appears evenings or in the warmth of the bed ; when there is tearing, itching and pricking (*stinging*), especially in open air ; with *red scleroti*, with *red-vessels in the eye* ; copious lachrymation, especially evenings ; excessive sensitiveness of the eyes to fire and daylight ; vesicles and pimples on sclerotic. Postules and scabs around the eyes and the edges of lids ; vision dim as if through a fog ; renewal of the inflammation on least exposure to cold.

Gerhard furnishes the following indications : ophthalmia, with appearance of numerous blood-vessels through the eye, accompanied by burning, stinging, itching or heat in the eye ; cutting pains and also *pressure as if caused by sand*, when looking intently upon objects ; ulcerative inflammation of the lids, with swelling and nocturnal agglutination of the eyelids ; lachrymation and spasmodic contraction of the lids ; great photophobia.

Dudgen gives Mercury. sol. (or Hepar sulph.) when the meibomian glands are much affected, when the canthi (angles of lids) are red and swollen, and when the secretion forms yellow crusts upon the lashes at night.

According to Guernsey, Mercury should be employed when the eyelids are much swollen, and when there is much pus beneath them, which wells out in masses when the lids are opened.

Peters (Diseases of the Eyes) gives the same indications as Dudgeon for conjunctivitis, and at the close of the chapter he enumerates the symptoms bearing on the disease, which we will mention here. Mercury is indicated when the lids are agglutinated in the morning ; when there is pressing, stinging and tearing in the eyes, with heat and lachrymation, inflammation of both eyes, with numerous red vessels in the white of the eye ; photophobia ; inflammation of the conjunctiva bulbi et palpebra ; redness and swelling of the lids, excoriation in the canthi ; burning and itching of the lids, thick muco-purulent secretion, agglutination, ulceration and eversion of the lids.

Payr says concerning the application of Mercury, as follows : Light cases will yield to Acon., Apis and Euphrasia ; but neglected or maltreated blenorrhœa (according to Aët we confine this definition for the gonorrhœal ophthalmia), with profuse purulent secretion. demands the administration of

Mercury, which is further more called for by the increased swelling of the lids, the sensitive pain on pressure which permits no rest before midnight ; also the accompanying febrile symptoms with perspiration without relief. Chronic catarrh of the conjunctiva, which during its course, is often aggravated by various causes, and where we observe slight swelling of the upper eyelid, intensification of subjective symptoms, and purulent character of the secretion with much unevenness and swelling of the tarsal portion of the conjunctiva, and the part forming the transition between lid and bulb, which, by means of intensity and protracted course of the acute stage produced a certain degree of ptosis of the upper lid, and even partial ectropion—are all rapidly to be improved by Mercur. Præcip-ruber.

In order to avoid repetition, we omit the recommendations of other authors, but call attention to the probability that Mercur. Præcip ruber promises much in chemosis, because we find it distinctly represented among its symptoms.

We agree entirely with Payr in regard to *croupous conjunctivitis*, when he recommends the protiodide of mercury, since iodine possesses the property of favorably acting upon croupous exudation in a higher degree than mercury

In *conjunctivitis diphtheretia*, when the cornea is affected (that is when the least degree of dimness appears), Payr administers corrosive sublimate in order to obviate necrosis.

(*To be continued.*)

A PROVING OF VARIOLINUM.

MAURICE WORCESTER TURNER, M. D.

Formerly Associate Professor of Theory and Practice, Boston University.

During the epidemic of small-pox in Boston, in the autumn and

winter or 1901, Mrs. ——— and her daughter desired to be protected, but not by means of vaccination.

Prover I. Mrs. ——— was given *variolinum* 1000 Fincke, two doses dry, one Nov. 22d at night and the other in the morning of Nov. 23d, 1901. On Nov. 24th a vesicle appeared on the left side of her neck, the top being rubbed off, it promptly became sore and itched severely. It gradually enlarged until the areola, which was sharply defined, very red and angry, was at least seven-eighths of an inch in diameter; standing up from this inflamed base were light yellow ray-like scales in general thickness and color like psoriasis. These rays were discrete and arranged about the clear red centre, which was perhaps three-sixteenths of an inch across, radiating from thence toward the periphery like the spokes of a wheel. The spot gradually improved but did not disappear for over two weeks and it itched a great deal. During this time other spots appeared, one over the left scapula, one on each arm, at about the insertion of the deltoid, and, at the end of the fortnight, another on the left arm near the first one there; also a small one near that on the neck. All the spots were of the same character though less marked than the first which appeared. There were no systemic symptoms.

Prover II. Miss. ——— also received *variolinum* 1000 Fincke, two doses dry, one Nov. 22d at night and the other in the morning of Nov. 23d, 1901.

On Nov. 24th spots appeared on the right arm, one above and two below the elbow, all on the flexor surface to the ulnar side, in character like those on Prover I. Later, about the fourteenth day, another spot came on the left arm above the elbow, also on the flexor surface. All the spots itched severely, as did those on the first prover. No systemic symptoms with the second prover.

While both had been vaccinated years before, neither prover ever had any eruption of a similar character except that Miss ——— when she had varicella had one *umbilicated pustule* otherwise the attack of chicken-pox, though accompanied by a severe cough, was not extraordinary. — *The New England Medical Gazette.*

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MATERIA MEDICA.

Bovista.

Bovista is a very important remedy in our *Materia Medica*. It is an antipsoric like sulphur, alumina, calcaria and others. Its clinical applications should be extensive as it has a very extensive sphere of action in many organs of the body.

It is a very good remedy for *headache*, sensation as if the head were enlarged is a very peculiar symptom. Bruised pain inside the head. Worse after sleep in the morning. It is useful in diarrhoea. Stools at first hard, the last part thin and even watery. After stool burning and tenesmus remains. Itching of the anus as from warm.

Diarrhoea before and during menses is an important symptom. We have cured some cases with *Bovista*. Its action in diarrhoea resembles very much sulph., as almost all symptoms of *Bovista* are aggravated in the morning. Its skin symptoms are also like the great antipsoric sulphur.

Dr. L. M. Stanton related a very nice case in the *Medical Advance* and we give here the case in detail, showing how

Bovista cured a case which we often mistake for sulphur aloes, etc. This is a case of post partum hemorrhage after a retarded delivery with offensive lochia, laceration of perenium. All these healed up by Dr. Stanton's judicious prescription but the patient was not cured. There were relapses of hæmorrhage and other complaints. At last the doctor studied the case carefully and ultimate cure was effected by the indicated remedy, i.e., Bovista "she did not regain her strength, and had to be on the bed the greater part of the day."

She felt worse in the morning on waking and better as the day advanced. She had a great deal of headache mostly a dull aching, coming and going, more pronounced in the forehead and vertex on the left side. She sometimes described it as a feeling as if the top of the head were strapped down. It was at its worst on walking in the morning; worse after sleep at any time and worse in a warm room. It was better after eating and in the air.

In addition to this character of headache there was shooting pains in the occiput, also warm in the morning on walking. When tired she had a pulled-back feeling in the occiput.

Palpitation and shortness of breath on going upstairs.

Such were the patient's symptoms. Seemingly indicated remedies helped but little.

It is indict true "our observations are so meaningless until we are given the thread to string them on." As yet then, I had not been given, or had not found, the thread forming observations in the case.

A new complaint now fortunately appeared which threw light on the dilemma. Yet not a new complaint, rather the reappearance of one from which the patient has suffered on and off for some years—a diarrhœa. The symptoms of the diarrhœa are these :

Urgent desire in the morning before getting up; a sense

of weakness and insecurity in the rectum, the diarrhoea painless; a scraped feeling in the rectum after a movement; each stool first solid, then liquid.

What was the remedy? Not Aloes or Sulphur. I had given them in the past with indifferent result. Besides it was not merely a matter of the diarrhoea. Here was the patient's whole condition to be met and the metrorrhagia as well.

What was the patient's remedy? With the hint the diarrhoea had given me I now felt that I had found it, yet wondered whether in my notes of the patient's history I should find further corroboration.

First, as to the diarrhoea in the past. The attacks were essentially like the one from which the patient now suffered, the early morning aggravation being always marked, and the stool being first solid and then liquid in character. Then all her life the patient had been subject to troublesome urticaria. My notes also reminded me that in summer there was a tendency to vesicular eruption on the hands.

Did these things confirm the remedy in mind? Yes, decidedly yes; and surely the remedy was Bovista. So it proved. The cessation of the metrorrhagia and diarrhoea; the disappearance of symptoms; the regaining of strength, colour and appetite—all this the remedy accomplished in a most satisfactory manner. In due time regular menstruation, the baby having been put upon artificial food, came off and was quite normal. Whether the tendency to chronic diarrhoea will be cured by Bovista I shall not yet venture to say.

This case incontestibly proved the efficacy of Bovista in all these kinds of chronic ailments where a careful indication is made.

In affections of the female organ of generation Bovista has a wide range of action. In uterine hæmorrhage both menorrhagia

and metrorrhagia and ovarian affections its curative power is marvellous

Menses too soon and more profuse than usual ; dark clotted during interval occasional flow of blood ; Menstrual flow most profusely in the morning but scanty during the day and night.

- Diarrhœa frequently before and during menses.

Leucorrhœa a few days before and a few days after menstruation. While walking like white of eggs ; yellow, green, acrid, corrosive, having green spots in the clothes thick, slimy and tough.

It had cured an ovarian cyst tapped twice within a few months.

In urinary organs frequent desire to urinate, even immediately after urination, with emission of a few drops only

Stinging and burning pain in urethra. It is a grand remedy for diabetes mellitus. It is also useful in gleet. Itching on tip of coccyx, has to scratch the parts raw and sore. It is a very characteristic symptom.

Colic, relief by eating is characteristic associated with either constipation or diarrhœa.

Bovista exerts a most energetic action on the skin. It is of much use in many skin diseases. It is therefore called tettery medicine.

Urticaria covering nearly the whole body. Warts and corns with shooting pains. Itching on getting warm, continues after scratching.

Red scabby eruption on thigh and bends of knees, appears with hot weather and with fullmoon.

Urticaria, with rheumatic lameness ; disposition to diarrhœa, each evacuation being followed by tenesmus ; scorbutic gums ; inflammation of eyes and nightly agglutination, morning sweat in bed together with ill humour, moroseness, irritability sensi-

tiveness, great excitability ; takes everything amiss, aversion to to all things ; Quarrelsome and contentious ; stares vacantly into space ; awkwardness which makes him drop things ; absence of mind and difficulty in fixing attention. (Guiding symptoms).

The leading features of Povista pathogenesis are bloatedness, puffy condition of body surface and a sense of enlargement, flatulent distention and noisy passage of flatus.

It is a cold remedy that is to say most of the symptoms are worse by cold. Very sensitive to drafts.

But skin eruptions are worse in hot weather. Toothache is better in warm bed.

It is a most important remedy in the treatment of chronic diseases.

BERI-BERI.

We have lately had occasion to see some cases of the disease known as beri-beri. What are noticed are these and we treated some of these cases with success according to strict homoeopathic principles. There is general swelling of the body the extremities both upper and lower suffering particularly.

These swellings are aggravated in the day time and by walking about, relieved by rest.

At first there is nightly rise of temperature generally a feverish condition of the system in the evening.

There is a gradual rise of temperature then high fever and delirium. Heart is ultimately affected and death takes place.

We have two cases in the early stage of the disease. One a young man of twenty, robust and tall. He complained of malaise and feverishness which he did not mind, attended his college and partook of usual food.

After a few days swelling commenced in the leg, and feet, and subsequently the whole body, face and hands. Fever rose in the evening with restlessness at night, and slight pain in body. Urine high coloured but not scanty.

Rhustox 6x morning and evening at first and a few doses of the Cm. afterwards completed the cure. Fever subsided gradually.

Another case of an elderly lady in the same family. The cure was not so pronounced, Rhustox did her no good. Indication pointed to Natrum Sulph which cured her.

In an European lady of plethoric constitution, feeling chilly day and night, swelling of the upper and lower extremities most which felt paralysed and powerless. Urine copious, great lassitude and prostration, restless sleep.

Brachyglottis Repens 3x morning and evening gave her much relief. I know of three or four cases of Beri-beri near Nimoo Gossami's Lane in the same house. All of them died from heart failure and delirium. I did not see them but got information from a friend a neighbour.

This is altogether a new disease in this country. We should try our best to cure it by properly selected homœopathic remedies. We should study these cases carefully. The following measures are recommended by W. Y. Koch to prevent the outbreak of Beri-beri among people who are liable to be confined in buildings for any long period of time: "The buildings should be well ventilated. There should be no over-crowding. The food supply should be ample in quantity and of good quality. The drainage should be perfect. The buildings should be so constructed as to get all the sunshine possible. Damp in the building should be avoided. The inmates should have regular exercise in the open air. The greatest personal cleanliness should be insured. On the outbreak of the disease"

in an institution the inmates should be promptly removed from it and the following measures taken :—

"The building should be disinfected, and then all the doors and windows should be kept open and fresh air and sunlight allowed to enter. The clothing should be disinfected as well as the furniture."

Then the doctor says about treatment where he is quite in the dark, nothing to guide him in the selection of the appropriate medicines. Here his advice is just like what we say about selection of remedies. The treatment he says "necessarily must be emperical and symptomatic, the cause of the disease being unknown."

RICE AS THE CAUSE OF BERI-BERI.

In the Lancet W. Fletcher writes to say "uncured rice is believed to be the cause of Beri-beri either directly or indirectly. The actual cause is a poison contained in the rice, deficiency of proteid matter or uncured rice does not form a sufficiently nutritive diet and renders the patients system especially liable to invasion by a specific organism, which is the cause of Beri-Beri. Among 120 patients fed on uncured rice there were forty-three cases of Beri-Beri and eighteen deaths. Among 123 patients fed on cured rice there were two cases of Beri-Beri, and these both had the disease on admission. Ten patients suffering from Beri-Beri who were placed on a diet of cured rice all recovered. Of twenty-six patients who were not put on cured rice diet, eight died. Four patients who had been on a diet of cured rice for more than five months, and were apparently healthy, were transferred to a diet of uncured rice. Two of these patients developed Beri-Beri within three months, This is a convincing proof of

uncured rice being the cause of Beri-Beri. In this country though we are, rice eating people we never resort to uncured rice so the disease is very rare.

MENTAL SYMPTOMS DURING MENSTRUATION.

Sadness.—Sad one day before menses: Nitric acid.

Unconquerable sadness during menses: Amon Carb.

Pale face and sadness and irritability during menses:
Magnes. Mur.

Great sadness during menses: Natrum Mur. and Nitric Acid.

Dispirited, melancholy after menses: Alumina and Silicia.

In humour.—Seek dark side of everything before: Causticum; cross, melancholic and desponding: Lycop. Out of humor after the first day of menses: Magnes C.

During menses out of humor: Ammon. C., Berberis and Causticum.

Heaviness of spirit during menses in morning: Sepia; in forenoon: Magne.

In the beginning of menses ill humor's disagreeable and gnarribroine: Chamom.

Vexation.—Before menses: Sepia.

During copious flow, with pressure in abdomen: Platina.

Irritability.—Some days before menses restless and irritable: Kreasote.

INDIVIDUAL FREEDOM.

The most common weakness of respectable people is a desire to enforce their methods, thoughts and opinions upon others. We mention respectable people specifically, for the wicked and the depraved care only to have their own desires gratified and have no weakness for inflicting their ideas upon others. How many times have we heard an honest, strong-minded old lady, indignant at some of the abuses of the day, exclaim with virtuous sincerity, "O! if I only had supreme power of a short time, etc." and been devoutly thankful that the pious old gentlewoman was limited as to power.

In such a case the tendency is only laughable, but we all, even those of us who can afford to laugh at the old lady, are afflicted by the same weakness. We have an itch to regulate affairs political, social or moral according to our own notions, and it is not an unaimable trait at bottom, for it arises from a desire to do good and to ameliorate conditions of which we disapprove. The tendency is as old as human nature. Plato, one of the wise men of Greece, but distinctly less wise than his teacher, Socrates, would have nearly all private affairs regulated according to his notions in his ideal republic. Undoubtedly ideal to its author, it would be so to nobody else. Sir Thomas Moore in his *Utopia* unfolded a scheme which realized his ideals, but Sir Thomas, though now canonized by the Roman Catholic Church, consented to witness the burning of witches, which discloses a credulity and an imperturbability to the sufferings of others, than can not be considered in this age of toleration.

It is a sure and certain fact that the most valuable possession of mankind is individual freedom. It is the *essentially*

human quality. The essential difference between man and other things is that man has freedom of choice and nothing else has. This freedom is, and should be, limited, only by the freedom of others. Divested of all extraneous matter and detail, the functions of any government, whether monarchical or democratic, is to *preserve* the freedom of the individual.

No human adult, no human corporate body, no human governor or king should presume to dictate, rule or meddle with the private personal affairs of individuals.

The tendency to tyrannically meddle with strictly private matters is very prevalent in the medical profession in the management of municipal affairs.

In regard to children, for instance, it is axiomatic that the parents are legally and morally their guardians. The parents are responsible for their clothing, their food, and their instruction in manners and morals. The bodily health and well-being of the children is in the charge of the parents. It is the function of the parents to decide as to whether the child's eyes shall be examined by a specialist or not, it should also be within the province of the parent to decide whether the child shall be vaccinated or not, and what form of vaccination shall be used.

The parents are to be presumed intelligent and capable of doing all this until proved incapable.

There is an infringement of these fundamental duties and privileges by the system of medical school examiners now in vogue in many municipalities. These medical examiners test the eyes of children, examine their throats, and vaccinate them without consultation or with permission of the parents. This is an unwarrantable interference with the rights of parents and it is entirely aside from the question to say that parents are generally pleased with the attention that their children

receive. The question is, is it right? The reply is, it is wrong and it is dangerous, not so much in itself as what it leads to.

. On this principle we believe, that it is clearly within the rights of a sick person to decide whether it is expedient to employ a physician or not; whether an osteopath or a Christian scientist or other kind of healer shall be called in. In case of children or incompetent persons the decision devolves upon the parents or guardian.

Vaccination is still a mooted question; compulsory vaccination is an offense against fundamental rights. In considering these questions, a sharp distinction must be drawn between crimes and sins. The distinction is generally easy, but in some cases may need the decision of the courts. It is our opinion that a great many things are done by school medical examiners and boards of health that are not warranted by law or justice.—*J. B. S. K., in Medical Advance.*

THE TUBERCULAR DIATHESES IN CHILDREN, AND HOW WE SHALL MEET IT.*

A. L. BLACKWOOD. M.,D., CHICAGO, ILL.

By the term "Tubercular Diathesis," I understand a constitution that is favorable for the development of tuberculosis. It is an inherited predisposition characterized by a deficiency in the germicidal and defensive properties of the tissue, and an inherited weakness of the respiratory, organs lymphatic and vascular systems which favor the localization of the germs.

This condition has been designated by some as the pretubercular state and has been further elucidated by the demonstration of the opsonic index. And, while the diathesis has an anatomical, pathological, and psychological basis that is fairly well defined, yet in the last analysis its cause has yet to be determined, but I believe it to be in the realm of pathological chemistry.

The type of the child which is inclined toward tuberculosis is such that it is readily recognized. It presents a delicate form and appearance. The chest is of such a type and is so characteristic that it is recognized as typical by many. The chest is long; the antero-posterior diameter is reduced, while the transverse is relatively increased. The anterior surface is frequently flattened, and hence the term "flat-chest" is employed. The scapulae are prominent and the term "alar" or "winged-chest" is applied to it. With this type of a chest we find the arms and neck long and the larynx prominent. The length of the long bones is increased, when compared

*Read before the American Institute of Homoeopathy, 1907.

with the short ones. The child with such a chest has a lessened extent of air surface, and while he may never develop tuberculosis, yet he is a favorable subject for such an invasion.

Pathologically, the majority of these cases present a greater or less degree of leucocytosis, a diminution of the oxyhemoglobin, a lowered opsonic index to tubercle bacilli. In many there is an enlarged and unhealthy condition of the faucial tonsils, while adenoid vegetations are often present; and the child is subject to innumerable congested conditions which favour the development of the tubercle.

Psychologically, the child is said to be precocious, and with this there is an emotional instability which tends to ecstasy, a low grade of excitability which often terminates in partial insomnia and irritability. It is impulsive at times, vacillating, and may be obstinate. The ecstasy just mentioned may be speedily replaced by the most abject despondency. There may be a lack of self-control and will power. The mental symptoms may assume many phases.

While it is not impossible to have the tubercle bacilli transmitted directly from the mother to the fetus, yet this seldom occurs, and with the exception so rare, it may be stated as a rule that actual infection is always extra-uterine.

In the management of these defectives there are two conditions for which we should labor. First, the prevention, so far as possible, of infection; and, second, the overcoming of the diathesis and the establishing of an immunity.

These subjects are susceptible to atmospheric change. They should understand that "colds are not due to cold" at all, but rather to an overheating of the skin and a lack of fresh air in the lungs. These children who are considered "delicate" are enveloped in heavy flannel underwear and kept in a super-heated room, perspire, and as a result the pores

of the skin are opened and the skin is rendered sensitive. Then they go suddenly into the cold air, which instantly chills the skin, drives the blood with its impurities from the surface and creates a congestion of the internal organs, which deranges the functions of these organs and fever results. The various mucous membranes become the seat of catarrhal conditions, and an excellent culture medium for various pathogenic bacteria.

The methods of the diffusion of tubercle bacilli should be borne in mind. The child should be separated from tubercular subjects, even from their parents if need be. It has been demonstrated that the tubercle bacilli are carried in the spray projected by the phthisical cough. In fact, this is a more frequent method of infection than is that of dried pulverized sputum. More bacilli are thrown out by those with a watery sputum than by those with a thick coherent sputum. There is no definite relation between the number of the bacilli found in the sputum and the duration, or a severity of the disease; in fact, those in the early stages of the disease appear to throw the germ farther, owing possibly to the greater muscular strength. These children should avoid the haunts of tubercular subjects, and the places where they congregate, as the air of such places is contaminated, and the bacilli are found in the nostrils of healthy attendants and animals.

There is no doubt that flies are a factor in the dissemination of tuberculosis; the bacilli can be found within and upon their bodies, and in their excreta. The flies may be seen swarming upon tuberculous sputum, and thus contaminate tableware and food. Flies should be destroyed or kept away from all food and dishes used. The sputum of tuberculous subject should be destroyed and the patients should not spit upon the sidewalks, the floor of their homes, nor of the shop, and, a handkerchief should be held over the mouth while coughing.

Children showing any indication of this diathesis, should be kept out of doors in the sunshine and away from all impure air as much as possible. They should have fresh air in their sleeping rooms, living rooms, and working rooms. There is no doubt that a pure air and sunshine favor metabolism, and are powerful regulators of vitiated blood, and assist in producing an increase in the weight.

These children should be encouraged to take such exercise as will cause them to perspire, as those who perspire freely thrive better than those who do not. They also show a greater tendency to take on flesh.

Many of these little patients are extremely sensitive to a lowering of the temperature, but this may be gradually overcome by friction with water at various temperatures, becoming gradually cooler. This treatment should not be stopped, even if after weeks of it the child still develops a catarrhal condition upon the slightest provocation. All cough and cold should receive immediate attention. During suitable weather, sun baths are beneficial, as well having the arms and legs bare. The child should be weighed from time to time, to ascertain the progress that is being made. It should be borne in mind that there are no stereotyped symptoms, but that the manifestations are many. There is a general sub-acute tuberculosis of infants in which the original point of infection may be impossible to determine, but may be a minute intestinal ulcer, from which point the tubercle bacilli travel by the lacteals and thoracic duct, or they may enter the blood current directly.

The child is slender; the teeth are cut early while the nervous system is precociously developed. As a class they eat well, but there is a gradual loss of weight. Their skin is dry, dingy, absolutely unelastic and may pit on pressure. The temperature may be above normal; it may be normal; and if wasting is pronounced, it is frequently sub-normal. This con-

dition may present the picture of a progressive marasmus, or a tubercular meningitis, or broncho-pneumonia may be the means of the termination of these cases. Many of these cases are confusing and may be mistaken for inherited syphilis. But the restlessness of the syphilis is in marked contra-distinction to the quiet of the tuberculosis.

The suspected child should be kept in cool flowing air. This favors sleep and produces a quiet condition; it also stimulates the appetite and favors assimilation, and the child does not take cold as easily. If possible, the child should have mother's milk, but if artificial feeding becomes imperative, milk should not be abandoned if it comes from a healthy animal, until it has been thoroughly demonstrated that, although after pasteurizing and modifying it, it really cannot be borne.

As these cases are anemic, their diet should be carefully regulated. It should be rich in mineral salts, for if these are low in a diet of such a subject, it will be found that pure albumen, starches, and fat cannot sustain life.

If the child is not old, milk and cod liver oil that have an acid reaction are beneficial; the diet should be rich in salts.

One of the great defects in the feeding of the infant is that it is not given enough water; in fact, some of them receive no water. Much of the restlessness of the child at night in the modern over-heated or poorly ventilated flat is due to a parched condition of the pharynx and larynx and is relieved by better ventilation and a drink of water. In all cases a sufficient amount of wholesome water is a necessity. It should be known that it is pure; shallow water or water from wells less than fifty feet deep is dangerous, as well as that from rivers, and especially if sewage enters it.

The lungs should be thoroughly developed; as they are not large enough to fill their space in the thorax without considerable stretching of the elastic fibres with which they are richly

furnished, and hence they are ever tending to contract, this tendency increasing during inspiration and during contraction of the bronchial muscles. The pressure of the atmosphere within them, however, counteracts the tendency, and keeps them closely applied to the chest-walls and other contiguous structures. When the chest is opened after death, and the atmosphere of the air press upon the outside of the lungs, as well as from within, they necessarily undergo considerable contraction. Hence, we must think of these organs as ever striving to break away from their surroundings, and as thus exercising a negative pressure or suction upon them. We may speak of this as pulmonary suction, and it is owing to it that the pressure in the pleuræ and pericardium is negative.

Since loss of pulmonary elasticity induces many evils, we should urge the individual as he advances in age to lead a healthy, temperate life; the lungs should be carefully protected from bronchitis, pneumonia, and other diseases; coughing, the blowing of wind instruments, straining at stool, and all other muscle-efforts with fixed throat, should be avoided; and special means should be adopted to prevent over-distension of the throat from dyspnea.

The more perfectly developed the lungs, and the more mobile the thoracic cage, the less the tendency to phthisis. Nothing is more certain than that small, ill-developed lungs are prone to tuberculosis. The so-called phthisicoid chest owes its characteristics to the smallness of the contained lungs, and it is in consequence of their smallness that the throat assumes the position of super-extra ordinary expiration.

An ill-developed chest is not infrequently overlooked. Many a person, who, when dressed appears to have a normal chest development, discloses, when stripped and carefully examined, some marked thoracic defect. A common cause of this deceptive appearance is an abundant deposit of fat about the

thorax. In the tall, slim youth we easily recognize the 'phthisicoid chest' by the sloping shoulders and the small sagittal measurement; but when he becomes a stout man, he may appear on casual observation to have a well-formed chest. In such a case acute pneumonia or bronchitis is always serious, although the apparently good development of the chest may suggest a favorable prognosis.

Not only do good pulmonary development and free thoracic mobility tend to prevent lung disease, but they place the individual at an advantage, should he happen to develop it, both on account of the high resisting power belonging to the well grown lungs, and on account of the large margin of reserve in those with ill-developed lungs, that they are so liable to succumb when attacked by acute pulmonary disease and it is very largely for this same reason that the danger from it increases with every year after middle life, the reserve diminishing as emphysema and thoracic rigidity advance.

Respiratory exercise is more suitable for developing the lungs than gymnastics, much of the increase in the thoracic girth obtained by the latter means being due to the development of the thoracic muscles, and not infrequently to emphysema, induced by violent efforts with closed glottis. By means of respiratory exercise we are able to develop the lungs without any danger of producing emphysema, and without putting the patient to the trouble of bringing about an altogether needless hypertrophy of the arm and chest muscles. The great development in these muscles which gymnastics tend to bring about serves no good end. Feats of strength are wholly useless from the physiological point of view; and they may even be harmful and actually lead to a diminution in vital capacity.

In considering the influence of respiratory exercise in warding off pulmonary disease, the importance of always inspiring through the nose must be insisted upon. The fact

is not yet properly appreciated that nasal obstruction, by compelling inspiration through the mouth, is a potent cause, both of bronchitis and phthisis. As a result, the nose should be examined, and if abnormal, should be corrected; the same is true of enlarged and diseased tonsils, adenoids, etc.

In the management of these cases, our desire is to establish, if possible, a permanent immunity. By this I mean that there has occurred a change in the patient as a result of which the tubercle bacillus can no longer produce its pernicious effects and find no longer the condition favorable to its growth and development.

From extensive experiments and observation regarding the transmission of tuberculosis from the parent to the child, one arrives at the conclusion that the tubercular diathesis transmitted from the parent to the offspring manifests itself in the shape of defective development, abortion, premature labor, cachexia, and an increased mortality following birth. These children show a weakened resistance as indicated by the lowered tuberculo-opsonic index.

There is no doubt but that in all these cases there is the need of a constitutional remedy that will assist in establishing an immunity. Just what remedy this may be in a given case, is problematic and may be any one of a large group. But those that I have observed to be frequently indicated are :

Tuberculinum.

This remedy is usually indicated by the sensation of fatigue which is frequently a pronounced symptom. There is also malaise, depression, severe headache, somnolence, depressed breathing referred to the chest. There is usually more or less cough with an expectoration that varies in character. There is either a positive loss of flesh, or the child does not show any increase in weight. The lymphatic glands show a degree of enlargement. An examination of the blood shows a leucocytosis, a

diminution of the oxyhemoglobin and a lowering of the opsonic index. Recent observation renders it apparent that tuberculinum increases the natural defensive process and renders the system immune.

Sulphur.

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This remedy has an extensive clinical record in the treatment of what the older observers termed "scrofula." There is more or less perspiration about the head, especially while the child is sleeping. There is a history of recurrent bronchitis in individuals who do not walk erect. They stoop or bend forward in walking or sitting. It is of service more as a preventative, and should be studied more in the pretubercular condition, when there is congestion of the head and chest, with a dry teasing night cough, with burning of the feet, general flashes of heat and a desire to uncover. The skin is extremely sensitive, so that every trifling change of the temperature causes an exacerbation from which the patient suffers even while in his room.

Calcareo Carbonica.

This remedy is indicated in cases where metabolism is imperfect. The skin of the child is dry and flabby. The fontanelles are large and open. The head is large, and during sleep is covered with perspiration. The muscles are soft and flabby. The child is light complexioned; the hair dry and tow like. Ossification is imperfect generally and dentition is difficult. The mesenteric glands are enlarged.

Calcareo Phosphorica.

This remedy is indicated in cases of defective nutrition. The child is weak and delicate. The teeth develop slowly. There is apt to be spinal curvature; the neck is too weak to support the head. The child is sensitive to draughts and to the changes of temperature.

Calcareo Iodatum should also be studied.

Phosphorus.

This remedy is indicated in these cases when the child is restless, fidgety, cannot sit or stand still a moment. It is anemic and there is great weakness and prostration and trembling of the whole body. The child is tall, slender, light complexioned, and with quick perceptions. There are often dark rings about the eyes, with heaviness of the chest as if a weight were lying on it. There is usually a sensitiveness to cold air and coughing when going from a warm to a cold air.

Baryta.

This remedy in one of its various forms, should be studied in many of these cases, as they cover the symptoms, presented in many of these cases. The child is defective both mentally and physically. It is sensitive to the slightest change of the temperature.

There are scores of remedies, any one of which might be indicated, in this condition. To illustrate this point, I would but mention the case of Master H., who was brought to me during September, 1905. There was a long line of tubercular subject upon the mother's side and history of neurasthenia upon the father's side. The child presented all the indications of the tubercular diathesis. He was subject to repeated attacks of rhinitis which returned every three weeks. The catarrhal process extended downward to the lung. On examination of the urine, it showed defective elimination. I advised constitutional treatment, but the parents were then on the way to the South to spend the fall, winter and spring in Florida, Cuba, Jamaica, and the Bermudas. During July, 1906, they returned to Chicago with the child, who was no better. After a thorough investigation four doses of *Allium Cepa* 12x were administered. In November, 1906, three doses of tuberculinum 200 were given. June, the 1st, the father writes: "The boy is fine; never an attack since your first medicine, and is out in all kinds of weather."

HOW WE USE HIGHER POTENCIES OF HOMŒOPATHIC REMEDIES.

Those who are desirous of ascertaining the efficacy of the higher potencies of homœopathic remedies do well to commence the experiment in suitable cases. By suitable cases I mean where the indications are clear and unmistakable and where the lower potencies have been tried with partial success and further improvements are at a stand still. In these instances we will be able to find out the superior power of higher potencies.

When in America I had several conversations with many of our eminent colleagues there who have a strong faith in the efficacy of higher dilutions of our remedies. They all in one voice recommended me to try higher potencies. I must say here that before going over to that country I was not totally ignorant about the use of those dilutions, on the contrary I made use of some of them but occasionally and with the idea that such potencies are only useful and effective in chronic cases and where there is no danger of life. But by using higher potencies more freely and even in dangerous cases such as cholera, plague and others I am of opinion that they are not only useful in chronic cases but very acute and severe cases also. Now I give them trial in cases of cholera, typhoid fever, plague and so forth. Here are a few examples to show the prompt action of the higher potencies.

A plump and healthy baby about eight months old had an attack of a severe form of cholera. Verat. album was given during the stage of purging and vomiting after each evacuation. It had marvellous effect. The child was almost cured by a few doses and further advice was not sought. Three days after I was suddenly called to the bed side of the patient. There was violent convulsion, pulse almost imperceptible, hands and

feet icy cold but head and chest hot. A friend of mine was in attendance and gave several medicines without much benefit. I suggested Belladon. but he said it was tried in vain. We despaired of the life of the patient. I asked my friend to try a higher potency as he had third and sixth only.

A dose of Belladon. Cm. two tiny globules were placed on the tongue. In half an hours time convulsion subsided and the child made a perfect recovery. My friend was surprised to see the prompt action of the high potency.

An elderly lady, thin and anemic looking, had been suffering long from diarrhoea and slight fever, she had homœopathic treatment for the last six months with occasional good results. Relapses were the rule. She came under my treatment with symptoms of slow decay.

About twenty to twenty-five stools during the day and night; stools were bloody with mixture of green and yellow mucus, considerable rumbling in abdomen and emission of flatus, much straining at stool, abdomen distended, lower extremities œdematous, micturition scanty and high colored. Much appetite and great thirst, pulse small and frequent burning of body. I gave her a dose of sulphur 200, very little improvement. I waited two days.

Aloes 200 one dose dry on the tongue followed by placebo; stools were less in number and character was also changed. The amelioration went on for a week so the dose was not repeated.

There was burning in making water and swelling the same. Apis mel. 6 one dose morning and evening. Not much improvement. Aloes 200 one dose again; stools were much less frequent and of fecal nature. No distention of abdomen, No more doses of Aloes required and the patient made a complete recovery in a month from the commencement of treatment.

A young lad of fourteen summers had an attack of malarious fever for three months. Drugged with big doses of quinine. Fever generally in the morning with slight chill, much heat and with seldom any thirst or sweat. Abdomen full of spleen and liver. Bowels constipated, voracious appetite, pale and anemic appearance.

I tried various remedies according to symptoms. Nuxvom. 30 and 200 were given without much improvement. The day I gave him a dose of Nuxvom. cm was the last day of fever. From that time general improvement of his condition commenced and ultimate cure resulted.

A young man, plethoric and subject of malarious fever at an out station. He was under the treatment of a homœopath there who tried several remedies. Fever used to come between 9 and 10 A. M. with good deal of shivering, considerable thirst, intense headache during fever, cough, bowels obstinately constipated. Pain in the chest, hydroa on the lips, tongue dirty white coating. Arnica, Nuxvom, Rhus, Red, and Natrum-mur were tried but to no effect.

I gave him Natrum-mur 200 one dose, the next chill was much less. Another dose in the evening and there was no chill or fever. He made a complete recovery in a couple of days.

P. C. MAJUMDAR, M. D.

NOTES.

Many people, even among the European medical men, have an idea that Malarial infection antagonises the invasion of malignant diseases. This arises from the fact that the people, of India where Malaria abounds, are comparatively free from any malignant diseases. This is not a fact, but it is true that malig-

nant diseases are not frequent among Indian people. There are other causes for it. The simple way of living, not extensive meat diet, not much over work and many other defects of civilization are rarely found among Indian population.

The Medical Record of America and other allopathic journals say that "the relative immunity of tropical natives to cancer is materially diminished by the progress of civilization with the adoption of the ways of the white men."

This is true to the letter as we have seen the prevalence of malignant diseases in India. The best food of babies is mothers milk. It should never be withheld under any circumstance. We have often seen no doubt that unhealthy mothers milk is the fruitful source of many diseases in young children. It is admissible to give medicines to the mother to correct the secretion of milk and that is all right. Various kinds of prepared artificial foods are not necessary, sometimes they are injurious to the child's health.

SLEEPING SICKNESS.

Sleeping sickness is a new disease prevailing in many parts of Africa. As far as we know from the report it is allied to malarious fever in this country. An international conference was held in London last June, Lord Fitzmaurice presided. His Lordship said that the disease had decimated. Lth. Congo, had claimed 2,00,000 victims out of a population of 3,00,000 in Uganda, and had appeared elsewhere.

It was suggested in that conference that measures should be taken to combat the disease by the various Governments. Medical evidence was to the effect that the disease was communicated by a kind of fly which inhabits the edges of lakes and rivers where there is forest. Cutting down the jungle has paid good effect in driving them away.

Defective supply of midwives is greatly felt in this country. There is no midwife in many villages and towns and when needed required to be sent for from a distance. It often happens that before she reaches the place either the child is born or the woman is in great danger. The kind hearted Lady Dufferin endeavoured most to supply this much needed want but her efforts were not crowned with success. It may be from the bad management of the Dufferin fund that we don't get the desired help or from the wanted neglect on the part of the country that they don't avail themselves of the opportunity.

The management principally of these useful institutions is entirely in the hands of the Europeans who seldom enquire about the necessity of the Indian population.

MALARIA IN THE PRESIDENCY DIVISION.

REPORT OF THE DRAINAGE COMMITTEE.

We take the following from the Govt. Resolution on the Report of the Drainage Committee of the Presidency Division published in the current number of the *Calcutta Gazette*:—

The attention of Government having been drawn to the prevalence of malarial fever in Bengal a committee consisting of the Hon'ble Mr. Inglis, Chief Engineer, Bengal, *Member and President*. Captain W. W. Clemesha I. M. S. Sanitary Commissioner, Bengal, Member, Mr. H. Wheeler, I. C. S. Members and Secretary, was appointed to investigate the question so far as the Presidency Division was concerned, their attention being particularly directed to the main cause of Malaria which was known to be the obstruction of drainage. The objects of the enquiry were:—

1. To ascertain in what areas malaria is now prevalent.
2. To investigate the cause of the disease, and in particular to determine whether it is due to obstructed drainage.

3. Where malaria has been caused by obstructed drainage, to decide whether a drainage scheme is practicable.

4. To prepare a list of practicable drainage schemes in the Presidency Division arranged in order of urgency.

The Committee were assisted by Captain G. E. Stewart, I. M. S., and Lieutenant A. H. Proclar, I. M. S., whose services as experts in sectoriology were placed at the disposal of this Government for the purpose by the Government of India. During the course of the enquiry the place of Captain Clemesha on the Committee was taken by Lieutenant-Colonel F. H. Clarkson, I. M. S.

The Committee's Report deals in a thorough and practical manner with the questions referred to them for consideration. They commence by defining the malarious areas in the Presidency Division: in doing so, they point out that a large number of the deaths at present reported as due to malarial fever are not due to that cause, and they record their opinion that so far as can be ascertained one-third only of the deaths returned from fever are caused directly by malaria. They then proceed to record definite conclusions as to the prevalence of malaria in each district, giving a list of the thanas in the whole division in which malaria is most prevalent; their conclusion are for the most part based on the figures published with the annual Sanitary Report, but are to a certain extent corroborated by local opinion and by the recent enquiry made by the Medical officers specially deputed for this purpose.

In the districts of Nadia and Murshidabad it is an open question whether a large number of the deaths at present supposed to be due to malaria are not actually due to Leishman. Donovan infection, and the Committee think that further investigation on the point is required.

The connection with this portion of their enquiry, the Committee also consider that a case exists for further enquiry, in

order that an examination of the relative healthiness of a smaller area than the thana may be made. They therefore suggest that as an experiment the vital statistics should be compiled according to the chaukidari union, the object being that the recorded unhealthiness of a particular area may be noticed at once, instead of being merged as at present in the thana figures. The Lieutenant-Governor approves of this suggestion, and the Sanitary Commissioner, in consultation with the Commissioner of the Presidency Division, will be asked to arrange for the experimental compilation is selected thanas of vital statistics for individual chaukidari unions the case of the experiment will be met by a grant from Provincial Revenues.

CAUSES OF MALARIA.

In detaining the causes of malaria, so far as they can be ascertained from the information at present available, the committee take practically the same ground as that taken by every Fever Commission in the past. There are two main causes :—

1. The insanitary state on the village-sites.
2. The water logged condition of the country.

As they point out, and he has often been pointed out in the past, the sanitary improvement of the village sites can only be carried out by the people themselves; untill the villagers are educated up to a point at which they understand the benefits of ordinary common sense sanitary precautions, little progress can be hoped for. Captain Stewart and Lieutenant Proctor in their final reports on the district of Jessore, Nadia and Murshidabad, which form Appendix I of the Committees a Report, suggest that "the value of sanitation, the prophylaxis of malaria by the use of quinine and mosquito curtains, and the efficient treatment of malaria by quinine are

matters which might well be taught in all schools. The proposal is one that is worthy of consideration, and if it is found to be practicable effect will be given to it.

The report also deals with the question of the water-supply the destruction of mosquitoes and the distribution of quinine. An important proposal made is that selected Hospital assistants should be deputed to travel systematically in the most affected areas during the fever season to distribute medical aid. The suggestion commends itself to the Lieutenant-Governor, and the Inspector-General of Civil Hospitals will be asked to submit definite proposals to give effect to it. The measure has been tried in some district, but may with advantage be extended to others. The cost will be the first instance be met by Government, and will doubtless be taken up later by the District Boards. If the experiment proves successful.

DRAINAGE.

After pointing out one two obvious limitation to drainage in the Division, *i. e.*, the universal cultivation of rice which requires an abundant supply of surface water, and the low level of the country generally, the Committee proceed to divide the the existing obstruction to the drainage into three classes—

- (a) In the village sites,
- (b) and (c) in the *bhills* and rice fields,
- (d) In the rivers.

The insanitary condition of the village sites has been frequently noticed in the past, and there is little new that can be said on the subject: the Committee go so far as to say that this is probably the primary cause of malaria. The main remedy suggested is the creation of local bodies having the necessary powers to enforce local sanitation; provision has already been made in the Bill to amend the Local Self-Government Act for the creation of such local sanitary authorities.

It is also suggested that Government should, as an object-lesson, take action in a selected area. This already being done, and experiments have for some time past been carried on in several places for the destruction of mosquitoes, but so far they have not been a success.

The Committee are of opinion that the action taken for the drainage of existing *bhils* must be good, and that there are vast schemes which are quite feasible: the action to be taken however can they consider, only be ascertained by a detailed enquiry.

In dealing with obstructions in *khals* and river channels, a distinction is made in the reports between real obstructions in "live" rivers and stagnation, owing to want of water entering the channels. Much stress has always been laid by the public on this latter class of obstructed drainage; properly speaking it is not obstructed drainage; and it is due to natural causes which cannot be controlled. The present report shows conclusively that it is impossible to revive these dead rivers; that any measures for their partial improvement are undesirable from an engineering point of view; and that as the effect of any such measures on the public health would only be slight, the money could be spent much better in other ways. All recent enquiries show that the embanked roads and railways are not responsible for malaria, and that their removal will not prevent it.

DRAINAGE SCHEMES.

In Chapter I of the report a more or less detailed survey is made of the drainage schemes which have been proposed in the serious districts of the Division. Many of the schemes proposed are impracticable, and with regard to a large number the information placed before the Committee was not sufficient to enable them to decide whether those could be carried out, or would, if carried out, benefit the public health. They,

however, recommend a concentration of energy on the following schemes which they consider practicable: —

(a) Murshidabad District—Berhampur and Gobra Nala Schemes.

(b) Jessore District—Bhairab Scheme.

(c) 24-Parganas—Bagjola Scheme.

(d) 24-Parganas—Nawal and Shonti Scheme.

These schemes have already come under the consideration of Government. The Bhairab and Bagjola Schemes will be carried out by the local authorities concerned under the provisions of the Bengal Sanitary Drainage Act; the other projects mentioned are not yet sufficiently advanced to permit of final decision as to their merits. The Commissioner of the Division has also been requested to take steps to have those projects proceeded with which are so simple as not to require the services of a special engineering staff.

On a review of all the circumstances and conditions, the Committee recommend further systematic and organised enquiry both as to the local medical conditions and as to the existing obstructions to drainage. For the purpose of this work, they advocate the creation at the public expense of a special Engineering Division, which would be charged with the examination of the drainage conditions of specified areas and with the preparation of projects for the improvement of the drainage where necessary. With this proposal His Honour is in complete accord; it is obvious that any serious attempt to grapple with the problem must, if it is to be successful, be based on systematic and continuous investigation. It would be quite impossible for the Sanitary Engineer, with the limited staff at his disposal, to undertake such investigation, and a special agency is therefore essential. The Government of India will now be addressed on the subject, and it is hoped that the staff recommended by the Committee will

be appointed as soon as possible; the proposed division will be immediately subordinate to the Irrigation Department of Government, but will work in close connection with the Sanitary Commissioner and the Sanitary Board. With regard to the medical aspect of the question also, the Committee are strongly of opinion that a case exists for further research, and they recommend that such enquiry should be systematic, and in no larger area than can be adequately undertaken. Complete prevention, as is pointed out, can hardly be hoped for, but the possibility of remedy rests primarily upon the correct ascertainment of the conditions governing the problem; they therefore advocate systematic and continuous investigation during each fever season, in order to determine the existing prevalence of malaria within individual shanass, the extent to which deaths reported from "fever" are in reality due to malaria and the conditions governing the distribution of the disease which may afford a basis for remedial action, Sir Andrew Fraser accepts these conclusions, and the Government of India will be asked for the services of two officers of the Indian Medical Service for this work.

The Lieutenant-Governor has read the report with great interest, and the entirely agrees with the conclusion arrived at by the Committee; he does not propose to discuss in detail the minor recommendations which have been made in the report, but he is in entire accord with the Committee as to the necessity for these measures, and step will now be taken to give immediate effect to them. The report is an eminently practical one, and the measures therein advocated will Sir Andrew Fraser trusts, go far towards removing or to some extent decreasing, the great wails of life at present caused by malaria and other malarial fevers. His thanks are due to the members of the Committee for their labours.—*"The Bengali" 12th November, 1907.*

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